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Workmen's
Compensation
Board

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WCB Report



THE MONEY MANAGERS

A Message from the Chairman

I am pleased to have the opportunity to introduce the first issue of the new *WCB Report*. This magazine is just one aspect of the Workmen's Compensation Board's strengthened communications program — a program designed to reflect our increased awareness of the need for open communication between the WCB and the public we serve.

It's no secret that the WCB is frequently an object of criticism. We at the Board know that we do drop the ball occasionally, but we also know that our record of service is a fine one. The workload involved in processing well over 430,000 claims a year is tremendous. More than \$370,000,000 was disbursed by the Board last year — most of it going directly to injured workers. We are constantly striving to improve our service and to eliminate the problems that arise in a very small minority of cases. We know that this is a responsible and humane organization — and we want you to know that too.

To this end, the Communications Division has recently been reorganized. Headed by execu-

tive director Errol Weaver and augmented by several new staff members, the communications team has a mandate to explain the Board's functions to the public and to respond to questions, comments, and criticisms from whatever source. The communications staff are looking at ways of making the Board's policies and operations more clearly understood by those who are affected by the compensation process. They are preparing new publications, films, and displays to tell the WCB story. With the continued cooperation of workers, managers, and the medical profession, they and the rest of the Board's staff are working to make our services even more effective and more responsive to the needs of injured workers.

The new *WCB Report* is a manifestation of the new direction in communications. Edited by Lynn Todd, the magazine has a new format and a new approach. Its objectives are to present news about the Board's operations, to explain the compensation system and how it works, to invite and respond to comments and criticisms from those affected by that system, and, in co-operation with the safety associations, to pro-

mote improved working conditions and safety in the workplaces of Ontario.

We hope you like the new magazine and that you will send us your questions and comments about the WCB. Communication is a two-way street.

Michael Starr

Michael Starr, Chairman



Chairman Michael Starr, executive director of Communications Errol Weaver, and editor Lynn Todd take a look at design mock-ups and photographs for new WCB Report.

WCB Report

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Material from the *WCB Report* may be freely reprinted. It would be appreciated if credit is given and two copies of the reprinted material are sent to the editor.

Cover: Every Tuesday morning the WCB Investment Committee meets to discuss plans, developments, and problems of immediate interest and importance. Following the meeting, a report of all investment transactions goes to the chairman and vice-chairman for approval. Present at the meeting are Wayne Simmons, long-term advisor; Ann Frazer, short-term advisor; Gordon Cook, investment manager; Bob Brewerton, executive director of finance; and Michael O'Mara, cash and banking advisor. Not present is Tommy Thompson, director of finance.

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TAKING CARE OF BOARD BUSINESS

Spiralling inflation trends and widespread economic malaise bode ill for investors and financiers. Nowhere on the globe is a dollar any longer a dollar, and we in Canada now say with wry scepticism, "Another day, another 88 cents."

A recent lead editorial in the *Globe and Mail* was to the point: "To put it baldly, Canadians are being paid more to produce less. This makes their goods uncompetitive at home, let alone abroad."

Canadian investors have found themselves battling uphill throughout the seventies, as inflation has eroded their money-market strength. The Ontario Workmen's Compensation Board operates one of the largest investment funds in the country, and in the past few years has experienced the same financial bind as everyone else. However, aggressive investment strategy and long-term planning have kept the WCB afloat where others have succumbed.

At present, the bottom-line requirement of the investment fund is to make its contribution towards future payments to present claimants. The WCB annual report of 1976 indicates that future payments on existing claims total \$1,400 million, meaning there is an unfunded liability of \$500 million, based on the 1976 figure of \$900 million in the fund. In addition, if allowance is made for future adjustments to claims payments because of inflation, a further liability of \$900 million must be tacked on to this.

Where does this future obligation come from? Take the case of a

worker, 30 years old and earning \$20,000 annually, assessed at 100 per cent disability. He or she will receive monthly pension payments totalling 75 per cent of previous salary level up to a maximum of \$15,000 per year. This pension continues for the remainder of the claimant's lifetime and is tax exempt. If the claimant lives to be 75 years old, more than \$500,000 will be paid. This figure will be larger if inflationary adjustments are made. Basing its calculations on statistical averages, the WCB projects into the future what is believed to be an accurate appraisal of future requirements.

Cash goes into the fund as assessments are collected from employers. In part, employer assessments are governed by the Workmen's Compensation Act, which came into effect on January 1, 1915. But actual assessment rates are adjusted according to the accident cost rate of each industry group. High-risk groups are assessed a larger

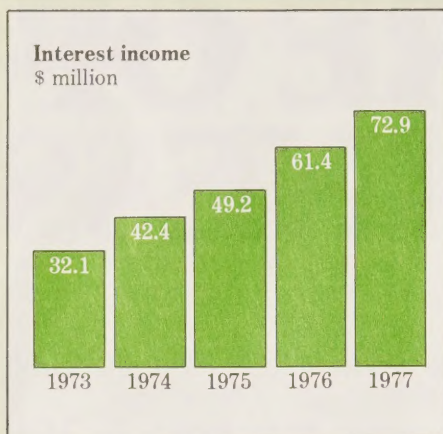
percentage per \$100 of payroll than groups of lesser risk.

Total assessments in 1976, based on a payroll for the province of an estimated \$25.2 billion, were \$452 million. During 1976, \$110 million was paid in claims, while a future liability of \$270 million was established. Large increases in assessment rates over the past few years are intended to compensate for the WCB's large unfunded liability. The well-publicized actuarial report prepared by William Crocker for the Construction Safety Association of Ontario has thrown a scare into some, since his conclusions were anything but optimistic. Bob Brewerton, executive director of the Financial Services Division at the WCB, dismisses Crocker's study as "pure politics" and says, "Our present plans put us in fine shape financially. By the year 1991, all unfunded debt will be a thing of the past."

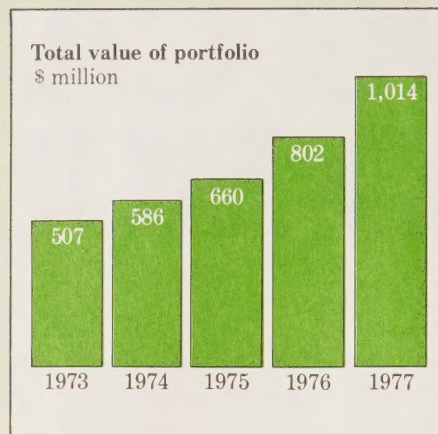
From the accident fund, money is provided for compensation costs, medical aid, pensions for

Ann Frazer and Wayne Simmons offer fresh thinking to the WCB financial group. It is their job to monitor trends in securities markets and make predictions for future market conditions.

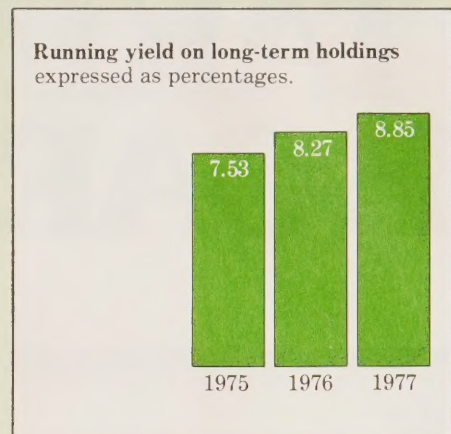




The Workmen's Compensation Board has doubled its investment fund over the past five years, and Gordon Cook — the man who manages the fund — foresees even greater productivity in another five years.



This graph represents income from investments over the same five-year period.



permanent disabilities, dependency pensions in the case of fatalities, and rehabilitation services. As well, the WCB underwrites the activities of the nine Ontario safety associations and meets its own operating costs. Covered also are mine rescue stations and chest examining stations for miners exposed to silicosis hazards.

This year assessments range from a low of 20 cents per \$100 of assessable payroll to a high of \$22.25 for uranium mining. The average assessment rate for the year is approximately \$2 per \$100 of assessable payroll.

For the most part, cash is fed into the fund in the summer months — May, June, July, and August — necessitating careful planning to ensure available funds throughout the year. Over \$1 million is paid to claimants daily, or about \$35 million per month. As well as playing long-term money angles, the WCB investment group maintains a short-term portfolio to fill in gaps between assessment dates.

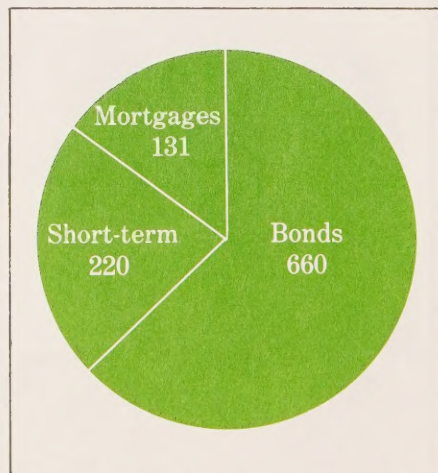
Since Michael Starr's appointment as chairman of the Workmen's Compensation Board, the Board's thinking has undergone fundamental change. His stint as minister of labour in the Diefenbaker government and his involvement with the WCB Task

Force of 1973 are important credentials. One aspect of his program to upgrade administrative efficiency within the Board was the hiring of a full-time investment group.

The key man on the firing line is investment manager Gordon Cook, since he makes all the decisions for investment strategy. Although he must maintain approval of the Corporate Board, his specialized expertise is generally the last word on buys and sells.

He puts it this way: "I'm the guy who makes the decisions, and it's my job that's on the line. But that's OK. That's business."

Breakdown of portfolio for 1977
\$ million



In the past few years there have been several revisions to financial policy. The director of finance used to be responsible for investment procedures, devoting only part of his time to the job. In 1975 an Investment Policy Committee was formed to establish operating guidelines for maintaining the investment portfolio. The plan, now operational, was to carry on business in a professional manner by acquiring experienced and capable full-time financial management.

The Investment Policy Committee meets on a quarterly basis, and includes Al MacDonald, vice chairman of administration and general manager; Bob Brewerton, executive director of the Financial Services Division; Tommy Thompson, director of finance; and Gordon Cook, investment manager.

With Cook's arrival came a distinct change in the philosophy behind WCB investments. "Obviously," he says, "the way to rearrange the portfolio to maximize yield is to sell bonds with a low interest rate to buy bonds with a high interest rate. Trends in inflation and interest rates are the nuts and bolts of our decision-making process. Because of the uncertainty in securities markets in recent years, we don't want to be locked into situations

that could conceivably leave us high and dry in years to come."

One major change has been the channelling of large amounts of money into N.H.A. insured mortgages. At the end of 1965, only \$2 million was in mortgages; now, over \$130 million is in mortgages. Cook argues that by diversifying the fund and relying less on the bond market, yield will be increased. Over the long term, mortgages return a high yield; last year, for instance, the mortgages in the portfolio yielded a rate of well over 10.5 per cent after servicing.

The fund has become an important factor influencing investment markets. Since the WCB is a government agency, operating on a tax-free basis, care must be taken to avoid misuse of the funds. Brewerton says, "We are subject to economic and political factors that require us to adopt what I call a realistic point of view. With a billion dollars you can do a hell of a lot, and we are careful to avoid setting market prices. The function of the organization is to pay claims, and we in finance are a means to this end."

In addition to the Investment

According to investment manager Gordon Cook, "These men are all knowledgeable investors and experts in the management of large investment funds. Though we are not always in complete agreement, they are a real asset to my job. They have no responsibility — I have to make the final decisions — but they want to see good results."

The WCB investment portfolio contains only solid securities, since speculative holdings are not permitted by the Trustee Act. Bob Brewerton characterizes the Board's financial attitude as conservative, saying the fund's large size dictates prudence before risk.

"Small investments are just not relevant. Say we invested a half a million and doubled it by taking a gamble. So what? In terms of the \$90 million we expect in interest this year and the extra risk involved, an extra half million is not a significant figure. We invest largely in government bonds, both federal and provincial, and more recently, in mortgages. A mortgage is the largest single investment the average Canadian will make. By making funds available we help make homes available to more people. And then, of course, by investing with the government we stimulate the economy from that perspective."

The WCB relies little on the stock market. Gordon Cook comments, "In past decades, money could be made on the stock market, but lately it has been kind of a zoo. As it now stands, we will double our fund every eight years. That seems adequate to me."

"We are dealing with vast sums of money. Sometimes it's like playing monopoly or something. I sit through the day making my decisions, dealing with millions of dollars; and then at the end of the afternoon, when it is all over, I take one of these and go home."

He reaches into his desk and produces a subway token.

Gordon Cook, Bob Brewerton, and Michael O'Mara discuss funds available for investments.



The investment strategy is governed by the Trustee Act of Ontario, which, according to executive director Bob Brewerton, "provides all the investment powers probably needed at this time."

With a fund as large as the WCB accident fund, speculative investing is neither prudent nor necessary. The WCB is the 31st largest financial institution in Canada. Excluding banks and insurance companies, it operates one of the top half-dozen investment funds. Bob Brewerton compares the fund to an elephant: "It never forgets, and it is intelligent. But it is also ponderous."

Policy Committee, four outside consultants aid in the strategic investment process. Constituting the Investment Advisory Committee, they meet regularly every quarter with the Investment Policy Committee to review performance of the investment portfolio. The advisors are E. K. Cork, vice-president and treasurer of Noranda Mines Limited; R. D. Radford, vice-president and treasurer of Canada Life Assurance Company; J. P. S. Mackenzie, chairman of Mackenzie and Sarlos Limited; and R. L. Sillcox, senior vice-president of the Bank of Montreal.

Our Aching Backs

Multiply your aching back by 50,000 — approximately the population of North Bay — and you've got some idea of the enormous number of back injury claims received by the Workmen's Compensation Board each year.

There's a bright side, though; about 95 per cent of the back claimants who lose time from their jobs return to work within three months of their accidents.

Unfortunately, each year about 3,000 people don't recover quickly from their back injuries. Many are referred to the WCB Hospital and Rehabilitation Centre (H&RC) in Downsview, where 50 per cent of the patients at any time are suffering from back problems.

Most back patients are sent to the H&RC because they have failed to respond to conventional medical treatments elsewhere. So staff members are always looking for new ways to handle back injuries.

The newest creation for chronic sufferers is the Back Education Program, in operation only a few months. BEP was suggested by treatment staff who found that medical cures just were not enough.

Maureen Sanderson, BEP physiotherapist, explains, "BEP tries to encourage patients to become less dependent on treatment and more able to manage their backs and pain on their own."

BEP also concentrates on dispelling misconceptions that may be affecting recovery.

During the first two-hour session, Dr. H. M. Wallis, staff

surgeon, discusses anatomy and common treatment procedures. He also assures patients that exercise does not further damage a back, although it may cause some pain because the muscles have not been used in some time.

He adds, "No back patients will ever be paralyzed from exercising, nor will they develop arthritis at any higher rate than people who have never had a back injury. Also, the injury always improves, although no one knows exactly how long it will take."

In another session, patients are told how emotional problems can

impede progress. Dr. N. C. S. Doxey, a psychologist with H&RC Counselling Services, tells patients that the statement "It's all in your head" is cruel and destructive. However, he says that emotional problems do affect pain and can slow recovery, and he outlines ways of dealing with these problems as well.

Depression, Dr. Doxey comments, is the most common problem. "It is, in fact, so common that I am often as much concerned by its absence as by its presence to an excessive degree."

Besides making a person withdrawn, pessimistic, and unhappy, depression slows down the nervous system. "The person has less energy, feels tired, moves, talks, and thinks more slowly." This slowing down impedes recovery.

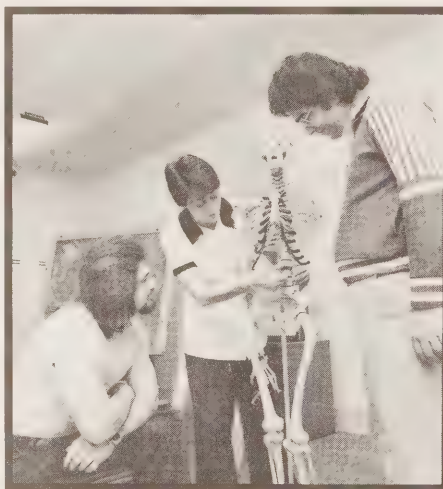
The other major emotional problem encountered by back patients is anxiety — about their return to work, about WCB benefits, about their continuing pain.

Dr. Doxey concedes that anxiety is natural but adds, "Serious problems arise when stress or anxiety is prolonged. For example, one may develop tension headaches; high blood pressure may be temporarily made worse as may cardiac or stomach troubles, and if one has a back injury, pain may be increased."

Other sessions focus on proper posture, positions for sitting, standing, and sleeping, relaxation and other useful hints. Patients are encouraged to express their opinions and ask questions.

At the end of six months, BEP will be evaluated to see if graduates experience fewer problems than other back patients after discharge. Dr. T. Fried, co-ordinator of Paramedical Services, says, "Patients seem quite happy with it so far because it teaches them to cope mentally and physically with the pain."

It is hoped that BEP will cut down on repeated medical treatment of people with chronic back problems. At present, about 200 patients with long histories of lay-offs are admitted to the hospital each year.



Physiotherapist Maureen Sanderson explains the structure of the back to two BEP participants.



Remedial gymnast Jenny Hall advises patients on sleeping positions that help reduce strain on an injured back.

The Back Assessment and Rehabilitation Clinic (BARC) staff spends three weeks evaluating these patients medically and psychologically. Socio-economic factors are also taken into account. A patient undergoes lab tests, X-rays, psychological examination, vocational rehabilitation counselling, occupational therapy evaluation on sitting and standing tolerance, and sometimes psychiatric evaluation. At the end of the testing, an orthopaedic consultant looks at the data and comes up with a future plan for treatment or the cessation of treatment.

In 1977, 179 patients were referred to BARC. All but 38 had undergone more than one operation. Staff research has shown that recurrent surgery does not enhance recovery.

A recent study by Dr. G. A. B. Waddell, orthopaedic fellow at H&RC, confirms this suspicion.

A sample of 103 patients was studied. After the second spinal operation, 40 per cent had "satisfactory results" but 20 per cent were worse. After four operations, only 10 to 20 per cent were improved and 45 per cent were worse. Hospital staff can give examples of patients who have undergone six and even eight operations. Dr. H. J. Grossman, co-ordinator of BARC, says "Our research will be shared with all doctors. We're trying to find out when surgery is the answer to back problems. This year, BARC will be expanded to the point where we can see some patients 13 weeks after their injuries, usually before even a first operation has been undertaken. In this way, we can assist the treating surgeon in his decision on whether or not surgery is necessary."

Although new programs are constantly being looked at, Dr. Macfarlane admits that there are still many questions to be answered. "Sometimes it seems that the more we think we know about backs, the less we actually know."

Back Basics



If every employee spent five minutes skipping before work each morning, back problems would be cut tremendously, according to Dr. E. J. Macfarlane, a WCB surgical consultant.

People with strong stomach and side muscles are less likely to suffer from back strain. Dr. Macfarlane likens the muscles to guide ropes on a tent pole. "Say that the spine is the pole. If the guide ropes are only attached to one side, the pole collapses. The same holds true for the spine if the stomach muscles are not well developed."

But strong muscles are not the only answer. Some simple techniques can be used to avoid undue stress on the lower back.

Lucy Stewart, an occupational therapist assigned to the Back Education Program at the WCB Hospital and Rehabilitation Centre in Downsview, outlines back care pointers:

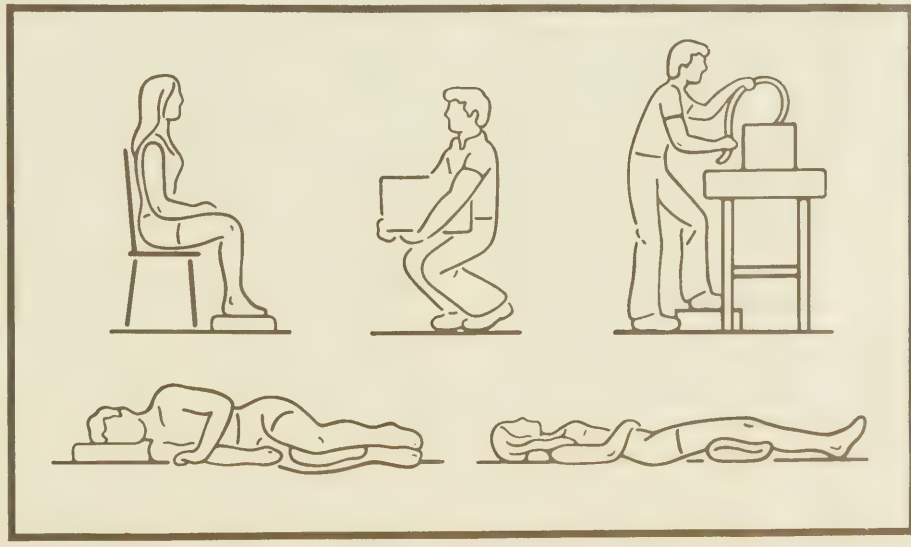
"When you're sitting, the knees should be kept higher than the hips by propping the feet on a stool. And when you're standing, one foot should be placed on a support a few inches off the floor. Both of these techniques help keep the spine straight."

"If you are lifting something — not just a heavy object but anything at all — squat down and lift it, keeping the back straight and the chin tucked in. In this way, the large muscles of the legs are used rather than the smaller back muscles."

"And at work, wherever it's possible, make sure working surfaces are at a comfortable height. For example, if you're standing at a table, the height should be about two inches below your bent elbow."

Stewart also suggests some sleeping positions for those who have experienced lower back pain. "The best position is on the back, with a pillow under the head and another under the knees. Another good one is on the side in a fetal position, with a pillow under the head and one between the knees. Sleeping on the stomach is hard on the back."

Although most people know, in principle, what is good for the back, they quickly forget and continue in the old bad habits. Dr. Macfarlane says, "It's amazing there aren't more injuries when you see the way people bend over to pick things up off the ground."



The WCB Presence

When you walk into a WCB area office, you are immediately aware of bustling activity. Two or three staff members field questions at the front reception counter. Behind a partition, almost hidden by stacks of files, others talk on the telephone.

The questions come in to the 12 outside-Toronto locations at an incredible rate of 40,000 each month. And all callers and visitors are given prompt answers on all aspects of the WCB's operations — claims, vocational rehabilitation counselling, and revenue services.

By far the largest number of people are seeking up-to-date information on their claims. A visual display unit in each area office is linked to the computer at Head Office in Toronto. Information about active claims is instantly available, so area staff can provide immediate answers to many visitors' questions.

Sometimes, when the questions are more complex, complete details are requested from Toronto. Files sent by courier usually arrive within two days.

In some cases, emergency cheques can be issued to claimants on the spot. For example, if a necessary piece of information is transmitted to the Adjudication Branch by telephone, payment can often be approved and the claimant can leave the office cheque in hand.

But George Picken, manager of Claims Area Information and Counselling Services, would like to see area offices move beyond their present role.

An experiment in this direction is already being tried in the Sudbury office. Claims that require additional information are being passed on to the area office immediately rather than waiting for an enquiry to be followed up in Toronto. Sudbury staff contact the claimant to let him or her know that the case is being researched further.

Claims Services also distributes information to the community. This year, high school graduating classes throughout

the province will hear speakers from the WCB explaining the compensation system.

Although Claims handles a large proportion of the questions brought to an area office, occasionally a claimant who has not been assigned a vocational rehabilitation counsellor will ask if it is possible to receive help in returning to work. A reception counsellor interviews the enquirer and then forwards information to Toronto where a decision is made on whether he or she qualifies for vocational rehabilitation assistance.

Once Head Office has referred the case back to the area office, a rehabilitation field counsellor will meet with the claimant. Together, the two will work out the sort of vocational program suitable to the individual.

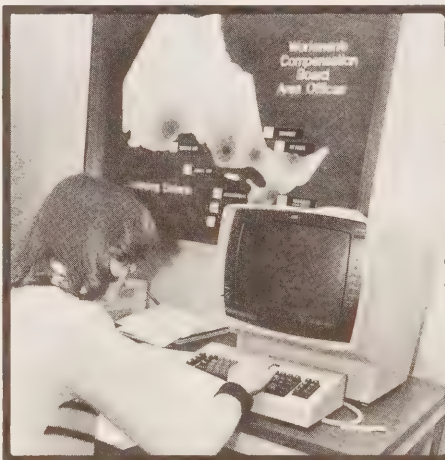
Rehab counsellors are always anxious to find job openings for the people they are working with. They knock on employers' doors to persuade them to hire injured and disabled workers. Robert Urquhart, manager of Vocational Counselling Services, says, "We're constantly looking for ways to streamline our operation so we can be more successful in locating job possibilities."

"We're going to try posting employment specialists to Hamilton, London, Ottawa, and Sudbury this year. They will spend all their time talking to employers to find possible jobs and to explain our policy of helping to finance on-the-job retraining."

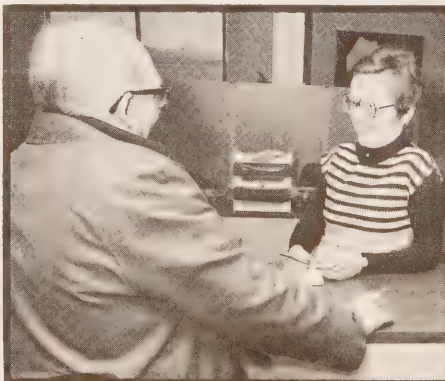
Local employers also become familiar with the staff in Revenue Area Services. Field auditors visit factories and explain the Board's rate structure and classification system. Revenue staff are also available for speaking engagements to larger groups of employers.

Don Lamb, manager of Revenue Area Services, says, "We encourage staff members to maintain contacts in trade organizations and employer groups, and to talk to government agencies, legal firms, and accountants. Personal contact is always beneficial. That way, the employer gets to know the person he should deal with at the Board, and the area office becomes a local reference point for information."

But the best example of the type of personal service offered by an area office occurs when a visitor comes in for the second time and is greeted by name.



Area offices receive fast information via a computer link-up with Head Office in Toronto.



WCB area offices specialize in personal service. Here, Linda Langley, a reception counsellor in the Hamilton office, greets a claimant.

ound the Province

Focus on Hamilton

In the midst of the national postal strike in 1975, the WCB opened its Hamilton area office.

George Camani, administrator for the Hamilton area of Claims Services, recalls, "It was a nightmare — something you hope will never happen again. Hundreds of people were coming in or calling to find out about their claims. It was hectic."

However, since the baptism by fire, things have settled down. But only slightly. The Hamilton office is the largest and busiest of the WCB's outside-Toronto locations.

In 1977, the number of visitors to the office rose to 1,500 per month, an incredible increase of 56 per cent over 1976 figures. Incoming phone calls rose to over 8,000 each month.

The problems brought to the area office vary. A blind claimant comes in to have his progress report filled out. A woman who has had her claim rejected wants more information on the appeals procedure. And one man who lives alone comes in "just to talk".

By far the most common questions, of course, relate to the current status of claims. Teams of staff members handle each inquiry by getting information from the claimant and then contacting Head Office for the desired details.

Camani has set up the team structure to make sure that a repeat caller or visitor deals with the same staff member each time. "It's very important that visitors talk to the same person each time. That way they know who they're talking to and, just as important, the staff know the people that go with the files and can greet them by name."

In addition to giving out information, Claims staff seek further details on claims at the

request of Head Office. Interviewers talk to anyone who is in any way connected with a work accident — the injured employee, the employer, fellow workers who witnessed the accident, the person who supplied emergency first aid, and the doctor who treated the injury.

All staff members watch the media for news of accidents involving serious injuries that might be covered by the WCB. When one occurs, immediate action is initiated by the office.

Full details are sought from the media and the police, who are used to WCB inquiries and happy to give information. Then, the person in charge of serious accident records at Head Office is contacted by telephone to provide a claim number.

Although the Claims Services staff handle the majority of the visitors, there are always employers with questions for the Revenue Area Services or Vocational Rehabilitation Services.

Revenue handles the auditing of the inquiries from 20,000 Hamilton area employers. The first months of each year are particularly busy as employers receive annual statement forms from Head Office.

A flood of pleas for help follows the mailing of the forms. Tom Whitear, administrator of Revenue Area Services, kept records for the month of February.

"We received 1,622 phone calls and 1,719 pieces of mail and conducted 154 interviews."

The business of maintaining contact with local employers continues throughout the year. Field auditors visit companies and answer questions, and Revenue staff are always available to speak at meetings of employer organizations.

When employers call in with questions, Whitear always promises a prompt answer. "We get them an answer within a day. And even if, by some chance, the answer will take longer, we phone them back and tell them we're still working on it. Employers appreciate the personal service."

Area offices are also assigned collection of delinquent accounts. Whitear says, "It's done on a good-natured basis because of the contact we've maintained with them. Besides, the companies know the law requires them to pay. Usually, the payment is just waiting for income from another company."

Rehabilitation Services also maintains contact with employers. Rehab counsellors are constantly seeking jobs and possible on-the-job training programs.

Keeping track of the local economic climate is part of the process. Ray Floryn, administrator of Rehabilitation Services, says, "We read local papers, trade publications, business columns and anything else to get some ideas on what sorts of jobs will be available in the future."

Rehab counsellor Fay Speers says she also gets tips on job availability from the people she visits. "If someone gets a job as a welder and finds out the company is looking for two other people, I pass that information along to other people who are looking for welding jobs."

When a job opening is discovered, the rehab counsellor works closely with the injured person to finalize details. Speers says, "An injured person phoned me a few weeks ago and said he had a chance at a job if I got back to the employer within an hour. I dropped everything and ran. I talked to the employer about the WCB policy of paying for some on-the-job training; then, I drove over to the employee's house and checked details with him. Finally, I came back to the office for written approval. But after all, when the man — or woman — gets the job, everything is worthwhile."

Oearth, so full of dreary noises!

(Robert Browning, "The Sleep")

Squealing brakes, roaring airplane engines, blaring rock bands, pounding pile drivers, even clanging alarm clocks jolting us out of a sound sleep — these are some of the earth's dreary noises. And, according to Dr. Margaret A. Hayley, WCB medical specialist in hearing claims, many man-made sounds are dangerous to our hearing.

Dr. Hayley explains, "All sounds make the tiny hair cells in the inner ear move — that's how we hear. But prolonged loud noises can overstimulate these hair cells and wear them out. When that happens, the hair cells degenerate and permanent hearing loss results."

Not surprisingly, people who work with noisy machinery all day are most likely to suffer hearing loss on the job. "Employees in airports, pulp and paper mills, sawmills, weaving factories, heavy steel manufacturing plants, mines, and construction operations are exposed to the most dangerous sound levels," says Dr. Hayley. "But even an office steno pool can approach the danger level."

What is the danger level? The Industrial Safety Act of Ontario states that an employee should not be exposed to sound levels higher than 90 decibels — approximately the level of sound made by the engine of a heavy

truck, at close quarters. However, the new occupational health and safety act, Bill 70, which will likely be passed later this year, will reduce the acceptable level to 85 decibels. Exposure to higher sound levels for a very limited time is permissible.

The Ministry of Labour will monitor sound levels in the workplace. "But," says Dr. Hayley, "there are simple guidelines that indicate the danger level. If employees have trouble talking to each other over the noise of machines, or if they complain of ringing in the ears or slight deafness after several hours at work, there's a noise problem."

Dr. Hayley urges companies to test employees for hearing loss on a regular basis. "That way," she says, "problems can be identified before serious hearing loss occurs." She comments that employees are often not aware of a partial hearing loss. "The onset of industrial noise deafness is gradual and sometimes workers don't even know their hearing is being affected until the loss reaches the point of interfering with their conversations."

Not everyone exposed to even the loudest sound levels will experience ear damage. Dr. Hayley says, "Some people seem to be hypersensitive to noise. For instance, one worker who was employed in a hazardous noise situation for only 15 months suffered a substantial loss of

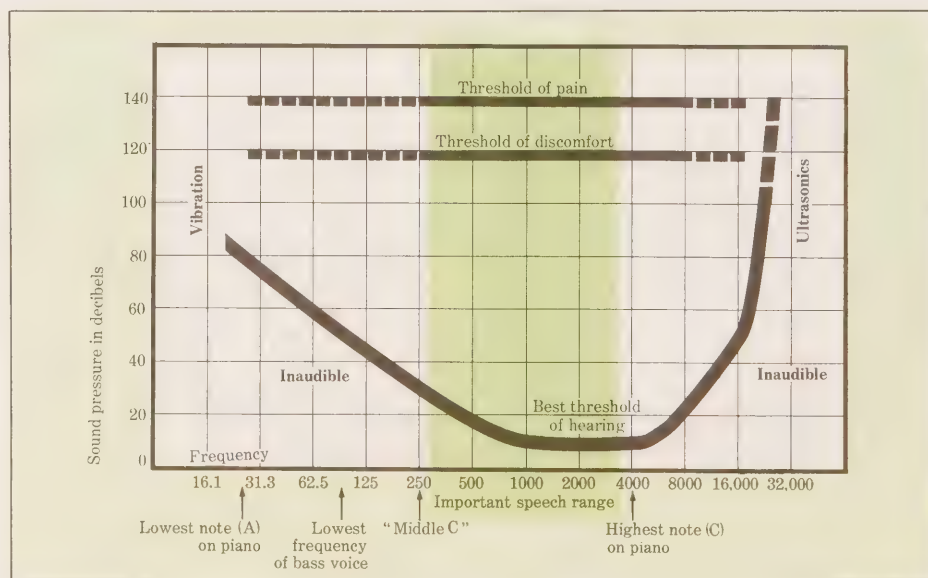
hearing; another employee in a similar location worked for 30 years with only minimal resultant hearing loss."

The Industrial Safety Act requires employees working in areas with sound levels exceeding 90 decibels to wear ear protection at all times. Unfortunately, according to Dr. Hayley, the equipment isn't always effective. "We've found cases where deafness continues to increase even though earmuffs are being worn. Sometimes the devices haven't been fitted properly; air can get in and, with it, noise."

The best way to protect workers' hearing is to reduce noise levels at the source. Industrial engineers are experimenting with various ways of accomplishing this: machines can be insulated, workers can be moved away from machines when remote control systems are installed, sound booths can be constructed for workers in situations where the noisy machinery cannot be isolated.

WCB statistics show an increasing incidence of industrial hearing loss claims. Since they were first allowed in 1950, more than 10,000 claims have been filed, about 80 per cent of them in the last five years. The main reason for this recent increase is a change in the Workmen's Compensation Act; until 1974, a worker had to leave the area with high sound levels before a pension

Area of audible tones





Miners wearing ear muffs can hear conversations but are protected from the high-frequency noises made by rock drills and ventilation units. To be effective, ear muffs must be fitted carefully.

would be considered, but since that time a claimant can remain at the same workplace and still receive a pension.

Many of the hearing-loss claimants have been working in hazardous noise for years before experiencing hearing problems. In some industries, new developments have increased the risk to hearing. Dr. Hayley gives an example: "We used to have very few hearing-loss claims from carpenters because they used hand tools, and wood deadens noise. But now carpenters are using all sorts of power tools, and we're getting more and more claims from them."

To receive compensation, a worker must have experienced hearing loss in excess of 35 decibels — in both ears — in the speech frequency range. Every claimant's work history is examined; leisure activities are also investigated to see whether they might have contributed to hearing loss. For instance, the hearing of someone who plays in a rock band on weekends may be more affected by the music than by his job.

Drugs prescribed for other medical conditions can also affect hearing. Dr. Hayley says, "Some drug treatments for tuberculosis and for severe burns can cause

permanent hearing loss in some people. Even high doses of aspirin can occasionally cause temporary hearing problems."

People who suffer from industrial hearing loss almost never lose a single day from their work. Dr. Hayley recalls one claimant who was almost completely deaf but refused to use a hearing aid and continued in the job that caused the damage. Says Dr. Hayley, "Like the boilermakers of days gone by, he accepted his disability as a badge of his long years on the job."

Factory Noise Can Be Reduced: A Case History

A plant turning out leather for shoes may not seem like a noisy workplace, but Les A. Duby, the safety co-ordinator for Canada Packers' Beardmore Division in Acton, Ontario, recalls, "Our hydraulic press was a beast of a thing — while it was operating, you couldn't hear yourself think when you walked by it. And, of course, for the operator and other people working close by, it was even worse."

However, as a result of a hearing conservation program, Beardmore employees are no longer exposed to dangerous noise levels.

Four years ago, company management realized that something had to be done. Arrangements were made for the employees' hearing to be tested, to see whether they had suffered any hearing loss that could be directly attributed to plant noise. A slide presentation was prepared to explain the program to employees.

"The tests were still traumatic for some of the employees," Duby comments. "They seemed to feel we were trespassing on private ground, and seven of the 394 employees refused to have the test."

Duby talked with the seven to dispel their concerns, and they all agreed to go ahead with the tests. He remembers one employee who resisted because he thought he had suffered some hearing loss

at a previous job in a sawmill. "He was afraid he would be fired if the tests showed a problem," says Duby. "But management assured him that no one would lose a job because of the testing program."

The test results were noted in each employee's file so that future tests — conducted each year — could be compared with the original.

While the testing program was being conducted, a survey was made of noise levels in different parts of the plant. Duby singled out the areas where he felt the noise problems were most severe. Most parts of the plant turned out to be well under the 90-decibel maximum established under the Industrial Safety Act. However, as he had expected, the area around the hydraulic press registered above the acceptable level — up to 106 decibels.

When the problem had been identified, Duby asked the maintenance staff to come up with suggestions about how to reduce the noise of the press. In the meantime, employees were given protective equipment to wear.

Maintenance staff recommended that the machine should be shrouded so the noise would be contained. A 20-foot curtain of foam-backed vinyl was hung from the ceiling on all four sides of the press, with an opening to allow the operator to feed in the leather.

The experiment proved effective, reducing the noise level to an acceptable 86 decibels. The press operator no longer needs earmuffs and uses cotton batting ear plugs instead; other employees in the area have been able to discard protective equipment entirely.

Follow-up hearing tests have shown that no employee has suffered increased hearing loss as a result of noise exposure at the plant. "We have proved that noise problems can be beaten," says Duby with obvious satisfaction.

SHORT TAKES

WCB Announces Organizational Change

Recognizing the continually increasing importance of both occupational health measures and vocational rehabilitation, the Workmen's Compensation Board has announced a major change in its organizational structure. On May 1, 1978, the Rehabilitation Services Division was split into two new and separate divisions — Medical Services and Vocational Rehabilitation.

The second largest of the Board's seven divisions, with a staff of almost 700 people, the Rehabilitation Services Division has had responsibility for the Board's functions in the two major areas of medical and vocational rehabilitation services.

In recent years, demands in the medical area have increased, as the emphasis on industrial diseases has grown and become a focus for specialized activity. The treatment staff has been augmented and additional medical specialists have been added to the Board's staff, both at Head Office and at the Hospital and Rehabilitation Centre. A further growth factor in the medical services area has resulted from the Board's advances in recognizing the dimensions of psychological disability.

At the same time, the Board has redoubled its efforts in the vital area of vocational rehabilitation. With the addition of strengthened counselling and placement services, and the decentralization of these functions

throughout the province, the Vocational Rehabilitation Branch of the Rehabilitation Services Division has provided a greatly improved level and quality of service to injured workers who are unable to return to their former trades or occupations.

After carefully considering the administrative needs for the support of the medical and vocational rehabilitation functions now and in the future, the board concluded that these needs could best be met by the formation of two distinct divisions. Thus, the Vocational Rehabilitation Branch has become the eighth division of the WCB, completely separate from the medical function. This structural change will facilitate direct liaison between the vocational rehabilitation operation and the other divisions of the Board, and Vocational Rehabilitation will now have representation on the Management Committee.

The new Vocational Rehabilitation Division will be headed by executive director John Wisocky, formerly director of the Vocational Rehabilitation Branch. Dr. William McCracken, who was executive director of the combined division, will continue as executive director of the new Medical Services Division.

Industrial Disease Coverage Expanded

In the last few months, lung cancer caused by above-ground exposure to radon gas and disability due to vibration-induced white finger disease have both been accepted as compensable industrial diseases by the WCB.

Until now, only claims for lung cancer related to underground radon gas exposure were allowed. But in December, Frank Hendrick, 63, a 29-year employee of Eldorado Nuclear Limited in Port Hope, was awarded full compensation. Dr. William McCracken, executive director of the Board's Rehabilitation Services Division, explained the difficulties in accepting such claims. "When we're pioneering new territory, we have no experience to go by. This case was also complicated by the fact that the processes that apparently caused Hendrick's disease were phased out in 1955, so it has taken a long time to develop. However, the decision to accept the claim was made on the same basis as that used for underground miners, and we went through a careful process of evaluation and claims

New Office in Kingston



Jim Vance, senior claims counsellor at the new Kingston area office, greets the Hon. Keith Norton, MPP for Kingston and the Islands and Minister of Community and Social Services, and WCB chairman Michael Starr at the official opening on February 21, 1978. The twelfth of the Board's offices throughout Ontario, this new addition will serve the counties of Frontenac, Hastings, Prince Edward, and Lennox & Addington.

data development before accepting the claim."

Dr. McCracken added that the WCB does not take smoking into account in considering these claims, although non-smokers rarely incur lung cancer from any source.

Unfortunately, Hendricks died a week after his claim was accepted.

In January, WCB chairman Michael Starr announced that the Board had drawn up guidelines for the adjudication of claims related to vibration-induced white finger disease, a malady caused by continued use of vibrating tools. Numbness and discomfort result from the contraction of the walls of the blood vessels, cutting down the flow of blood to the fingers; this causes a

degree of clumsiness and workers sometimes find that their ability to control tools may be affected over the long term.

Starr said, "Few jurisdictions have made this condition pensionable. Some have refused to grant pensions for white finger disease on the ground that it cannot be considered a permanent disability. We do not agree with that position."

Guidelines for accepting claims for white finger disease include exposure to high-frequency, rapid acceleration vibratory tools and a clear history of two or more years continuous employment on such tools immediately preceding the onset of the disease. The condition must also be verified by a vascular specialist.

Appeal Boards on the Move

The WCB sent the last step in the appeals procedure — the Appeal Board — out on the road at the beginning of 1978.

G. W. Reed, vice-chairman of appeals, says, "It's part of the WCB's overall policy to improve our services to injured workers and employers by making all aspects of our operations as convenient as possible."

Each month, an Appeal Board will visit one of seven cities in Ontario on a rotating basis. In the preliminary phase of the travelling program, hearings are being held in Sudbury, Ottawa, London, Thunder Bay, Windsor, Timmins, and Sault Ste. Marie.

Reed says, "We've already had requests from other cities for hearings but we want to evaluate the effectiveness of the initial phase before we decide whether other cities should be added to the circuit. We can't chart our future until we have gained a little more experience in the whole area. However, by the end of this year, we should be able to take a close look at what comes next."

Travelling hearings have run into one problem already. "In one city, four cases were cancelled by the appellants. This is a major problem in Toronto but it becomes even graver when we've already sent the commissioners to the city and find out that half the people don't show up. It's a terrible waste of manpower but, unfortunately, it's impossible to schedule other hearings on such short notice."

Most hearings will continue to be held in Toronto. Reed explains: "A very substantial number of appeals are from people based in Toronto or the surrounding area so those cases will, of course, always be held at Head Office."

The Appeal Board is the final step in the appeals procedure against WCB decisions. Last year, it heard 1457 cases, up from 979 in 1976. Reed expects a similar increase in workload this year.

The first step in appealing a case is the appeals adjudicator hearings, which have been held throughout Ontario since 1965.

Fracture Trauma Course at U of T

The WCB and the Continuing Medical Education Division of the University of Toronto's Faculty of Medicine jointly presented a seminar for orthopaedic surgeons in March.

Dr. William McCracken, executive director of the WCB's Rehabilitation Services Division, said, "The conference was designed to inform orthopaedic surgeons of new methods of diagnosing and treating fractures and joint injuries so that some of the complex claims we get can be dealt with more quickly and effectively."

About 200 delegates listened to discussions on the use of braces for lower limb fractures, complications that can develop in knee ligament injuries, the effectiveness of spinal fusions, techniques for major amputations, and many other topics.

Commissioner Retires

Member of the Corporate Board D. G. Decker says farewell to his colleagues at a reception in his honour. Decker joined the WCB as vice-chairman in 1970 and became a commissioner of appeals in 1973. In his earlier years he was a lieutenant commander in the Royal Canadian Navy; he later represented Canada in the work of resettling Hungarian refugees after the 1956 revolution, and he served on the Canadian Pension Commission for 12 years. He retired at the end of March, after a long career of public service.



FORUM

Forum will be a regular feature in each issue of the *WCB Report*. We invite your questions about WCB policies and procedures and comments about your dealings with the organization. Your letters will be passed on to appropriate staff members for reply, and letters and answers of general interest will be chosen for publication in each issue. Whether or not your letter is published, you will receive an immediate reply from our office.

Please address your letters to The Editor, *WCB Report*, Workmen's Compensation Board, 2 Bloor Street East, Toronto, Ontario M4W 3C3. As we have no letters for this first issue, we have asked Dave Adamson, supervisor of Metro Information and Counselling Service, and Detra Connolly, claims supervisor, Extended Disability Section, to suggest some often-asked questions and to provide answers to them.

Last week I fell off a platform at work and twisted my knee when I hit the floor. The company doctor said I had sprained it and he bandaged it for me.

My knee has started to hurt again and I want to go to my family doctor to have it treated. But a friend of mine says the Board won't pay if I switch doctors. Is that true?

Every injured worker has the right to choose the doctor who treats his injury. Although your employer provided emergency care at the plant, you still have the right to go to your own doctor.

Your friend is referring to another point. If you decide you want to switch doctors *after* you have made your initial choice of doctor, the Board will pay for the second doctor only if you ask for and receive our written approval before making the change.

One of the fellows who works for me came in on Monday and said that he had fallen down at work on Friday and hurt his back. I know for a fact that this man had hurt his back in a car accident last year. There were no witnesses to last week's accident and I doubt

that it happened here. What can I do about this?

When you are filling out your original report of accident for this man's claim, be sure you answer all questions as fully as possible. Indicate that the man had a previous back injury and that there were no witnesses to his fall last Friday. Our adjudicators will consider all this information fully and attempt to reach a fair decision. If you acquire further information after submitting your original report, please send it to the Board as soon as possible so it can also be considered.

As an employer, you should give the Board all the facts available to you, either in support or in opposition to the claim. The Board makes the final decision, but the information you supply assists us in making that decision.

An employee of mine injured her arm while operating a machine. Recently, the doctor told me she could now do modified work. The only work we have available is the job she was doing when she was injured, but the doctor said she can't do this job. In spite of what the doctor said, you have continued to pay her full compensation benefits. Why?

Under Section 41 of the Act, a person who is temporarily partially disabled and who is unable to obtain suitable employment with her employer or with anyone else, is entitled to full compensation benefits as long as she is actively involved in a medical or vocational rehabilitation program.

In the case you have described, you say you cannot arrange suitable employment for this woman. Therefore, full compensation will continue as long as she is medically unable to return to her pre-accident job. The costs of her continuing benefits will be charged to your firm, so it would be in your best interest to assist her, if possible, in returning to some type of work. Even if you have to create a job for her, at least she will be contributing to your company as well as assisting herself in her own rehabilitation.

It might be helpful for you to contact your employee's counselor to determine her capabilities and limitations; you might find that there is some kind of job you can arrange for her. If so, you will save yourself money in the long run and also help your employee to regain her self-respect and selfconfidence.

SAFETY LINES

An ounce of prevention is worth a pound of cure. Perhaps nowadays that should be: A gram of prevention is worth a kilogram of cure. In any case, that's not just a tired aphorism at the WCB — it reflects the recognition that attention to safety in the workplace is of paramount importance.

The nine organizations in the Council of Safety Associations of Ontario are independent bodies, funded by the WCB's assessment revenues. Each is responsible for the promotion of safety in a segment of Ontario industry.

To acknowledge the strong link between safety and compensation for injured workers, *WCB Report* will invite the nine associations in turn to contribute articles. For this issue, J. V. Findlay, general manager of the Industrial Accident Prevention Association, is our guest columnist.

Co-operation is essential in safety, accident prevention, and loss control, but in the final analysis these three factors are the responsibility of management.

Responsibility is irrevocably linked with authority and accountability. First, it is necessary to communicate the needs, wants, and requirements of the organization. Someone must be instructed to carry out these requirements and take responsibility for them. Then someone must be given authority to accomplish the task. Finally, the performance of the person with the authority must be measured; that fixes accountability. The three areas — responsibility, authority, and accountability — are inseparable.

The establishment of standards and the measurement of performance are the bases for effective accident prevention. To make responsibility meaningful, measurement procedures have to be devised to fix accountability. Some of the measuring tools used to help prevent accidents are inspections, audits, investigations, record keeping, and statistical control techniques.

In the past these tools have been used to find hazards or reveal conditions, but seldom to pinpoint acts. Nowadays the reason for auditing or inspecting is to measure a manager's or supervisor's performance in accident prevention and loss control. We look behind the facts and conditions and ask why they are there. This new approach signifies a changing attitude toward accident prevention and safety.

Many people regard today's business corporation as a monolithic structure without human identity or personality. A corporation, however, is a group of individuals — people who are employers or employees. The safety performance of a company depends upon the attitude of those people to accident prevention and loss control.

Tools to achieve more effective accident prevention and to measure results are in place now. Their use, however, depends on the attitudes of the people who

use them, both management and employees.

Psychologists maintain that people pay lip service to attitude change but rarely practise it. What must be done is to learn and practise new attitudes until our old thought patterns are permanently replaced. Creating favourable attitudes is a management function. Here are three of the basic ways it can be done.

First, managers must set the example by examining their own attitudes, convictions, and degree of concern for their own safety and that of other people. An individual's attitudes to any responsibility are quickly communicated to others. People expend greater effort in areas of high concern in order to gain recognition and reward for their efforts.

Second, unfavourable attitudes have to be challenged by face-to-face exploration of the underlying reasons. This provides an opportunity for those involved to reexamine their attitudes and for management to express its attitude. Changes will not occur overnight, but they will happen over the long haul.

Third, incentives can be provided for favourable attitudes. Conventional incentives such as safety awards or prizes are not as important as the deeper personal recognition of an individual's contributions to safety. Incentives can offer an opportunity for evaluation of employees' concern for safety and their contribution to the safety effort by ideas and example. The findings should be publicized and the voluntary actions of individuals rewarded.

Ralph Waldo Emerson said, "Change your attitude and you change your life." This can be paraphrased to: "Change your attitude and you may prolong your life."

Safety does start with ME. The good part about personal change is that it can start now.

Safety Starts with ME

On the face of it, "Safety starts with ME" may appear to be a selfish approach to safety and accident prevention. But in an industrial setting, if the letters "ME" are taken to mean "Management and Employee", the word ME takes on a new significance.

In this context, ME reminds the individual that he is part of a team. All the members of the team are responsible for safety, personal and collective.



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WCB Report



LABOUR, MEET MANAGEMENT. MANAGEMENT, MEET LABOUR.

In this issue . . .

The response to the first issue of the new *WCB Report* has been most gratifying. To all those who took the time to write or telephone with their comments on the magazine — thank you. Readers' reactions, criticisms, and suggestions will always be welcome.

The first story in this issue describes how a joint labour/management health and safety committee works in one large Canadian-based company. Staff writer Charles Ponder's interest was aroused by a presentation he attended at the annual conference of the Industrial Accident Prevention Association. Representatives of labour and management from the head office of Polysar in Sarnia told conference delegates about the level of mutual trust and co-operation they had developed. Ponder went to Sarnia to see for himself just how the Polysar committee works. His conclusion: things aren't yet perfect, but Polysar certainly seems to be heading in the right direction.

Late in May, chairman Arthur Cooperman of the New York Workers' Compensation Board came to Toronto with a delegation of state officials, to take a look at the Ontario Board's operations. Contributing writer Bob Maxwell talked to the visitors

and was struck by the differences between the New York and Ontario compensation systems. In his story on page 6, he describes the New York system and reports on the visitors' impressions of the Ontario system and our Board facilities.

Staff writer Cyndy De Giusti has written what is probably the first fashion story to appear in a WCB publication. Her account of the accomplishments of MIROC (Mining Industry Research Organization of Canada), on page 8, highlights the new safety equipment and clothing that will soon be worn by Canadian miners. Eleven major mining companies have co-operated to sponsor the design and production of new styles that will make mining safer and more comfortable.

The chairman announced in May that the WCB will now consider claims for laryngeal cancer caused by exposure to nickel aerosols and asbestos fibre dust. This seems an appropriate time to look at how the WCB is handling its responsibilities in the controversial area of industrial disease claims. On page 10 Cyndy De Giusti reports on the Board's initiatives in searching out potential claimants and in promoting preventive measures to eliminate the conditions that cause occupational diseases.

We at the WCB think our chairman is a great guy — and an interesting one, too. We invited Eleanor Wright Pelrine, a well-known Toronto freelance writer, to spend some time with him and record her impressions. Pelrine had never met Mike Starr and, like most people, she had only a vague knowledge of how the Board works. For a few days she followed Starr around Head Office; she talked to him about his interests, his adventures in Ottawa, and, especially, his perceptions of the organization that now absorbs his energies. The things that impressed her most, she says, were the intensity of his concern for the people who need the Board's services and his easy accessibility to staff members and claimants. Her story is on page 12.

A new column — Media Watch — appears in this issue. The WCB turns up in the news media almost as frequently as the weather forecasts and sometimes the image of the organization that the public receives is only remotely related to reality. Charles Ponder's whimsical treatment of one aspect of this problem is the first of a series in which the Board talks back to the media.

Lynn Todd

Lynn Todd, Editor

WCB Report

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Cover: The tradition of labour unions and management regarding each other as adversaries is fast dying. And they're finding that working together in a spirit of co-operation makes sense, especially in such fields as occupational health and safety. The worker and manager in our cover photo symbolize this trend. See story on page 3.

LABOUR AND Polysar Pulls Them Together MANAGEMENT

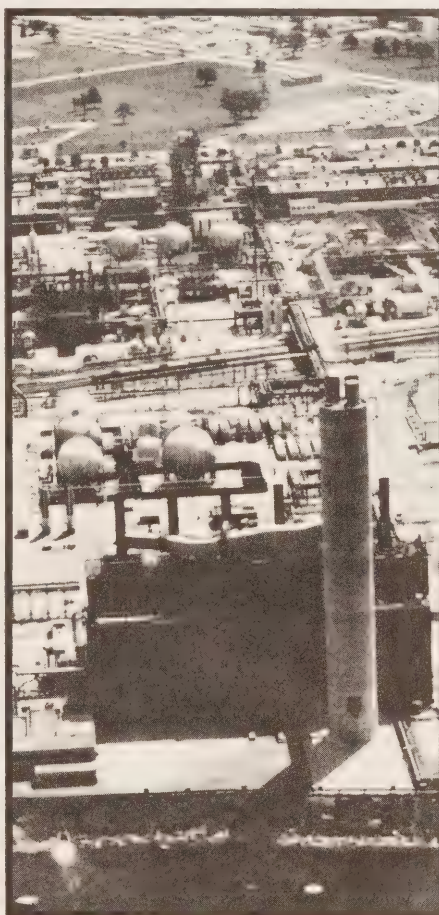
Driving into town from Sarnia's airport, Duncan McCracken, Polysar's risk control manager, began to unravel some of the myths surrounding industrial health and safety. "Take asbestosis as an example. Some experts say that even one asbestos fibre in the lungs is dangerous. But what's the use of a guideline like that? Right now as you sit in this car you are breathing asbestos fibres. The air around Sarnia contains measurable quantities of a great many industrial substances."

Polysar is one of many manufacturing companies located in the southern Ontario region known as the petro-chemical basin. A multinational satellite of the Canada Development Corporation, Polysar has plants in Canada, the United States, and Western Europe. In addition, the company is associated with others in Europe and Mexico, and has licencees in India, Turkey, and Japan. Its manufactured products, chiefly rubber, are marketed in over 70 countries.

Company management at Polysar in Sarnia has recognized the need for a co-ordinated approach to occupational health by appointing a risk control manager, on a par organizationally with seven other department managers. Besides health and safety, he is accountable for plant security and waste management. To add clout to his function, an engineer works with him to make technical decisions about degree of risk.

But at the centre of Polysar's health and safety program is the Joint Labour/Management Health and Safety Committee. It

The maze of towers, spherical storage tanks, and piping equipment identifying Polysar's manufacturing plant in Sarnia is a familiar sight to all Canadians. Take a look at the reverse side of a ten dollar bill.



An aerial view of Polysar's headquarters in Sarnia, seen from above the St. Clair River. In the foreground are some of the older facilities, built during World War II; in the distance is the newest construction. There are seven plants in Polysar's Sarnia complex.

enables labour and management to exchange information of mutual interest frankly and readily, by maintaining a spirit of co-operation. Polysar acknowledges that scuffles in the past have had a contrary effect on the company's bottom line.

Operating at Polysar's head office in Sarnia are three full-time safety inspectors, one of whom is a member of the union local. The hourly inspector is a feather in the cap of the plant's chief steward, Frank Hubbard, who says, "I may not operate in a conventional way as far as the union is concerned, but nobody can deny my results."

The Joint Health and Safety Committee was formed in 1970, following a time of protracted labour/management disagreement. It has six members — three from the plant bargaining unit and three from plant management. Technical and health data have been made freely available to committee members, on the assumption that an open exchange of information leads to better company relations and morale and, in general, an improved quality of working life.

An important change occurred in 1974 when a decision was made to include both the plant manager, Barry Hayton, and the chief steward, Frank Hubbard, on the committee. While the committee had originally focused on day-to-day safety concerns, the scope was broadened to include general policy, with more emphasis on company relations. Polysar found that an inevitable dimension of policy was the joint consideration of the terms of the collective agreement.

Volatile Labour History

To a great extent, the events leading up to the formation of Polysar's joint committee mirror the history of labour relations in Ontario. Traditionally, the labour/management interface has involved a win/loss language of conflict, and a tough, legalistic negotiating stance. The situation at Polysar became highly volatile in the late '50s, and reached a head in 1959 when Polysar was strikebound for 95 days.

Following this, the going was rough until the late '60s, when labour and management drew

closer together. At this time an alcohol and drug abuse program was instituted, as was a disciplinary system designed to encourage good safety practices. These discussions and programs resulted in the formation of the joint committee in 1970. Ian Rush, Polysar's chief executive officer, issued a statement of "philosophy" outlining the new approach.

Originally, the bargaining unit complained that management operated according to the policy "Safety first — as long as it doesn't interfere with produc-

tion." According to Hubbard, prevailing attitudes through the manufacturing industry have in the past not encouraged effective labour/management arbitration. At one time management adopted a paternalistic approach, believing that what employees didn't know wouldn't hurt them; but, in the area of safety, this is sometimes a fatal oversight.

Hayton agrees that differences of opinion between labour and management can have painful effects on the company's bottom line. Employee morale and good internal relations are vital to the smooth operation of the plant. Although Polysar's statement of philosophy was issued in response to a union request, Hayton says, "It's nothing to be ashamed of. By improving the quality of working life, we have improved the performance of the whole place. Morale is better, accidents are less frequent, and production has improved. Why the hell do it otherwise?"

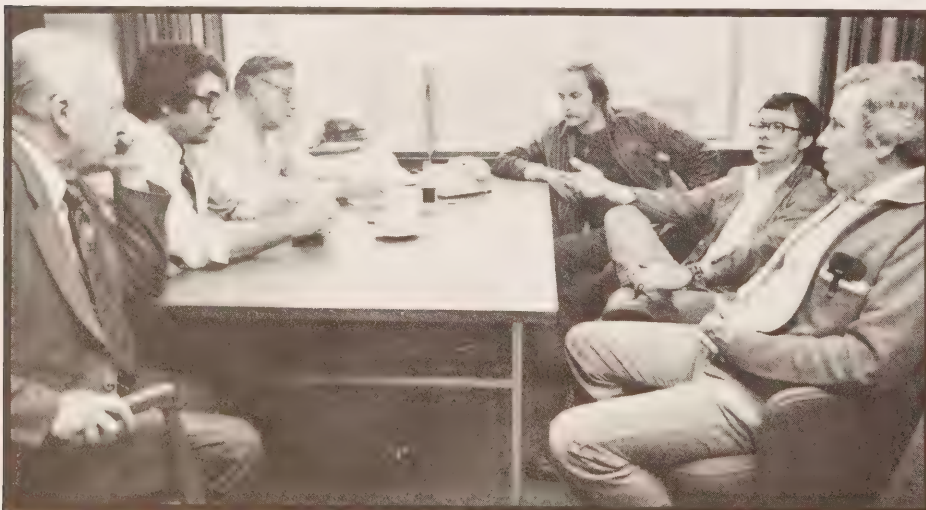
Growing Emphasis on Health

The Joint Health and Safety Committee at Polysar has moved away from the mechanics of safety, placing greater emphasis on hygiene and health. According to plant manager Hayton, occupational health is an attitudinal thing. "In the beginning we got hung up on day-to-day safety problems, but we soon realized employee attitudes are the determining factor for good job performance. We found ourselves getting involved with the collective agreement and looking at the problem in a general way. We developed a strong sense of mutual trust and, gradually, an overall attitudinal change began to occur. It takes co-operation to make it work, and if you think you can legislate that kind of initiative, you're nuts."

All employees of Polysar now must take a St. John Ambulance course when they are hired. The four two-hour sessions focus on an audio-visual presentation of graphically gruesome accidents



Members of Polysar's Joint Health and Safety Committee in Sarnia: (Clockwise from top left) M. F. Hubbard, chief steward; C. Curran, maintenance representative; D. J. McCracken, risk control manager; L. Boulton, safety supervisor and chairman of the committee; B. A. Hayton, Sarnia site manager; K. Glassco, process representative.



At a Joint Committee meeting, chief steward Frank Hubbard speaks while the others pay close attention to what he has to say.

There's Still Room for Improvement

At the annual conference of the Industrial Accident Prevention Association in Toronto, representatives from Polysar's Sarnia headquarters led a discussion of their occupational health and safety program in what one press report described as "an honest, no-holds-barred session". They agreed that only with the co-operation of labour and management could the plant be run effectively, with accidents at a minimum and production at peak level.

At the same conference, Ontario's deputy minister of labour, T. E. Armstrong, said, "The current approach toward company organization is designed to include a number of interrelated goals. Not the least of these is the employees' recognized need for satisfying work, so as to improve their enthusiasm and sense of commitment."

Despite their common concern about certain government regulations, such as the anti-inflation

guidelines of October 1975, labour and management are still often at odds. Armstrong continued, "Believing that the guidelines represented unnatural impediments to public investment, labour and management grouped together. But labour still feels a sense of alienation and exclusion in dealing with management on issues other than those directly connected with collective bargaining."

"In addition, there has been a reluctance on the part of management to experiment creatively with job enrichment programs. Innovation is called for to build a better environment for our workers. We need detente rather than combat. The touchstone to all of this is division and sharing of power, diminution of conflict, and, on everyone's part, an attitude of enlightened self-interest."

In Sarnia, Polysar chief steward Frank Hubbard draws this distinction between the respec-

tive organization procedures of management and labour: "While it is true that we both have our hierarchies of command, the difference is that management's power is at the top and the union's is at the bottom." The joint committee provides an avenue for the two organizational pyramids to intersect.

The Ministry of Labour estimates that there are about 400 labour/management committees in Ontario, mainly in larger companies. Available figures indicate the effectiveness of the committees. A cross-section of 76 labour/management committees in the province was studied. The majority of these carry out regular safety inspections at least once a month. Based on their own testimony, most of the committees studied were satisfied that they served a useful purpose; 20 per cent felt they were very effective indeed. A minority of 20 per cent thought their committees were ineffective.

and the first aid measures that must then be taken. Risk control manager McCracken says that over 1,200 certificates have been earned, and accidents have been reduced by between 20 and 25 per cent. He attributes the improvement mainly to the film. "When people see how easily these accidents can happen, they begin to be more careful."

Chief steward Hubbard describes Polysar as an "inherently dangerous" environment. While many dangerous chemicals are immediately recognizable because of the discomfort they produce on contact, others are not. "Vinyl cyanide (acrylo nitrile) is one chemical we are looking at right now. The Ontario Ministry of Labour stipulates a level in the air of 20 parts per million as the outside limit, while the Americans say two parts per million. We can meet the American standard under normal conditions,

but if we have a spill. . . ." He shrugs his shoulders.

"The big problem with chemicals like this is you don't know they are doing any harm until it is too late."

Hubbard describes his organization's bargaining posture as tight. "The OCAW [Oil, Chemical, and Atomic Workers International] is a strong union that has spearheaded legislation. We get our information from Denver, and then we bring it up at committee meetings. Suggestions have been made that I am in bed with the company, but that isn't so. Don't get me wrong: we have come a long way."

Committee chairman Lloyd Boulton, also safety supervisor in risk control, is sharp with his remarks. "Usually the union appeals rejected Workmen's Compensation Board cases. But occasionally we both feel strongly

enough about it to make the appeal jointly. Sometimes I think I'm too damn honest. I look at some of the other plants around here with the same safety problems we have, and I wonder how they come up with their statistics. Maybe it's sour grapes, but I sometimes wonder if the Ministry of Labour has any real knowledge of the grass-roots problems. Our standards are more stringent than those set out in the Industrial Safety Act."

When the union asked for the committee, management was uncertain but went ahead with it anyway. Says Boulton now, "The first four years were hectic, but things have calmed down since then. We still haven't achieved the kind of change we would like to see; when it comes down to the short strokes, the success of our program depends on the commitment of the people out in the plant."

Arthur Cooperman, chairman of the New York State Workers' Compensation Board, recently led a delegation on a three-day tour of Ontario's WCB. Asked what impressed him the most, he replied, "The sheer expertise of your staff."

It's a whole different ballgame in **NEW YORK**

Arthur Cooperman grins when he admits his staff refers to him, behind his back, as "Jaws".

The rough and tough former counsel for the International Stevedores' Union, now chairman of the New York State Workers' Compensation Board, doesn't mind the nickname. He sees it as an acknowledgement of the changes he has made in the state board since his appointment two years ago. But it is also an indication of the shark-like impression he has made on New York doctors, lawyers, politicians, and union leaders. All have felt the slash of the Cooperman teeth as he battles to update the state's compensation laws.

As a part of this campaign he led a delegation of eight of the state's senior compensation and insurance people to Toronto recently on a three-day fact-finding tour of the WCB Head Office and the Hospital and Rehabilitation Centre in Downsview.

Discussion between officials of the two jurisdictions proved to be a two-way exchange of questions and answers.

New York State's compensation laws were born out of strife and turmoil.

The first laws were passed in 1913 — two years before the Ontario Workmen's Compensation Act was passed. Two years later, the state Supreme Court declared them unconstitutional.

Ironically, on the day the court handed down its decision, a garment-district fire in New York claimed nearly 300 lives. The fact that the court's decision had ef-

Efforts to compare the two systems, however, came down to an "apples and oranges" situation, as the basic concepts of the two plans are so dissimilar.

Where Ontario's way of handling compensation claims might be called an "enquiry" system, the New York system works on an adversary basis — the worker against the insurer. In Ontario, the WCB sets the assessment rate; collects the revenue; assesses claims; and pays compensation, pensions, and medical and rehabilitation costs. Its rulings may be appealed to the Appeal Board only. In contrast, the New York law is an insurance law. Employers must cover their employees for both occupational and non-occupational risks with state-approved carriers or with the State Insurance Fund. Some of the larger employers are self-insured.

New York rates are set by an Insurance Rating Board, over which the state WCB has no control. Benefits are paid by the insuring company, with the WCB acting purely in a supervising capacity. Only contested

fectively blocked the payment of death benefits sparked massive demonstrations and public protests. The legislature hastily rewrote the old law and passed it.

Incidentally, the system was originally set up as the "Workmen's Compensation Board." Two months ago the word "Workmen's" was changed to "Workers'". Chairman Cooperman explained that the name change reflected the ever-increasing importance of the role of women in the work force.

claims are appealed to the Compensation Board; questions of law are settled by the courts.

The New York WCB certainly does not have the clout invested by law in the Ontario Board, nor does its system offer the coherence and follow-up that are characteristic of the Ontario system.

Ontario's rehabilitation program was of particular interest to the New York delegation. In New York, the employer is responsible, through the insurance companies, for medical rehabilitation only. Vocational rehabilitation is the responsibility of the state, but it comes under the jurisdiction of the Department of Education. The Compensation Board must approve each claimant's rehabilitation program but otherwise has no control over individual cases.

Cooperman wants to bring all aspects of rehabilitation under the control of the WCB — as it is in Ontario. He would also like to pattern permanent disability pensions after the Ontario system, which can grant a pension for life. In New York state, payments are for a specified period only, based on the type of disability.

The state chairman has already waged a winning campaign for higher compensation benefits which, on July 1, went up to a maximum of \$180 a week. On the same date the Ontario maximum went up to \$233.66 a week.

Each change in the New York compensation rate must be approved by the Democrat-dominated state legislature and the senate, which has a Republican majority. Every year, at budget

Some Comparisons



	New York State	Ontario
Rates established by	Insurance Rating Board	WCB
Claims adjudicated by	Insurer	WCB
Payments made by	Insurer	WCB
Waiting period (after injury)	No compensation unless disabled seven days or more	Compensation paid from day after injury
Compensation rate	66⅔% of earnings	75% of earnings
Maximum weekly payment	\$180.00	\$233.66
Pension period for permanent disability	Varies according to disability	Life
Appeal procedure	Appeal Board of WCB plus courts	WCB Appeal Board
Safety education	WCB has no jurisdiction	Nine safety associations funded by WCB
Rehabilitation	Supervision of insurer, only, by WCB	WCB responsibility
Treatment control, supervision and payment	Insurer responsibility	WCB responsibility
Number of employers	400,000	150,000
Number of employees	6,100,000	3,500,000

Top left: Chairman Arthur Cooperman of the New York WCB (centre) and Seymour Givner, assistant director of the State Insurance Fund (left), chat with a patient in the gymnasium of the Hospital and Rehabilitation Centre, while Dr. Tom Brandl, co-ordinator of Medical Services at Downsview, looks on.

Left: Dr. Bruce Grynbaum of New York's Beekman Hospital (left) and Dr. Cesar Volpe, medical director of the New York WCB, examine an orthopaedic shoe in the workshop at Downsview. Explaining the technical aspects is Joe Iamundo of the Centre staff.

time, the WCB chairman must chart a safe course through this hazardous political shoal.

Under the New York system, if a claim is contested, either the claimant or the insurance company can push the appeal into the courts. This means, of course, that the injured worker may be faced with legal costs, although many cases are settled out of court. But this compromise sometimes leaves the claimant with a smaller settlement than expected — or deserved. For the claimant it could be a no-win situation.

The President's Committee on Compensation Laws, which examined all compensation laws in the U.S., suggested that all states adopt a settlement scheme similar to Ontario's enquiry system. The committee's view was that this is much more econom-

ical than litigation as a means of achieving fair and just settlements.

But, strangely enough, opposition to any change in this aspect of the compensation laws comes from labour as well as the insurance companies. By tradition, Americans place great faith in the judicial process. They are reluctant to abandon their rights to due process in favour of an administrative decision that cannot be appealed to the courts.

Because New York's WCB handles all injury claims — whether the injury was received on or off the job — and Ontario covers only work-related injuries, it is not possible to compare workload statistics.

What impression did the delegation take back with them to New York?

There was an obvious case of envy of our whole rehabilitation program — or, rather, of the system that places it under control of the WCB. "How I would like to have four of your Downsview facilities," Cooperman mused.

There is no doubt that the visitors liked what they saw, and it would be a safe bet that some of our ideas and programs will eventually find their way into the New York system, if Arthur Cooperman has his way. Which he probably will. When you ask him about the possibility of pushing through changes, he grins and says, "Let me tell you a little story. When I took over as chairman there were 17,000 open cases over one year old. At the end of 11 months I had reduced this backlog to zero."

You get the point.

A MEETING OF THE MINES

Eleven companies — a list that reads like the Who's Who of mining: Asbestos Corp., Cominco, Eldorado, Falconbridge, Hudson Bay Mining, Inco, International Minerals, Noranda, Sheritt Gordon, Rio Algom, and Texasgulf — are working together to make their mines safer for employees.

Major mining companies didn't agree on many things in 1975, but they did agree that their compensation costs were too high. So they decided to do something about it — together.

As a result of the decision to co-operate, the Mining Industry Research Organization of Canada (MIROC) was set up in early 1976. MIROC is a unique corporation, jointly sponsored by 11 huge mining companies employing over 75 per cent of Canada's 30,000 underground miners.

The companies were determined to reduce the number of serious accidents in the mines. They asked MIROC to look first at the development of new personal safety equipment.

Dr. R. D. Lord, MIROC's research director, explains, "There had been few major developments in mining safety equipment in over 40 years. We knew we had to improve both the safety and the convenience aspects of the equipment the miners wear underground. But, just as important, we wanted to make the whole idea of mine work more attractive. We've had a high labour turnover for a long time, but we'd really like to hang on to experienced people."

The members of MIROC realized that the research would be expensive, so they agreed to pay annual fees to form a financial base for programs. Dr. Lord approached several federal and provincial ministries for more funding. The federal Ministry of Energy, Mines and Resources came through. But Dr. Lord notes that others rejected the requests: "Paper studies often appear to have greater appeal."

MIROC's board of directors,

made up of the representatives of the member companies, decided to begin their research by evaluating work apparel and the safety helmet.

Typically, miners wear rough work clothing supplemented by cumbersome oilskins. To the usual hard hat, ear protectors, a lamp, safety glasses, and perhaps a respirator are attached. All this adds up to considerable incumbrance. The goal of MIROC's first projects was to relieve the drawbacks of this hodge-podge — to provide the same or better protection, with greater convenience.

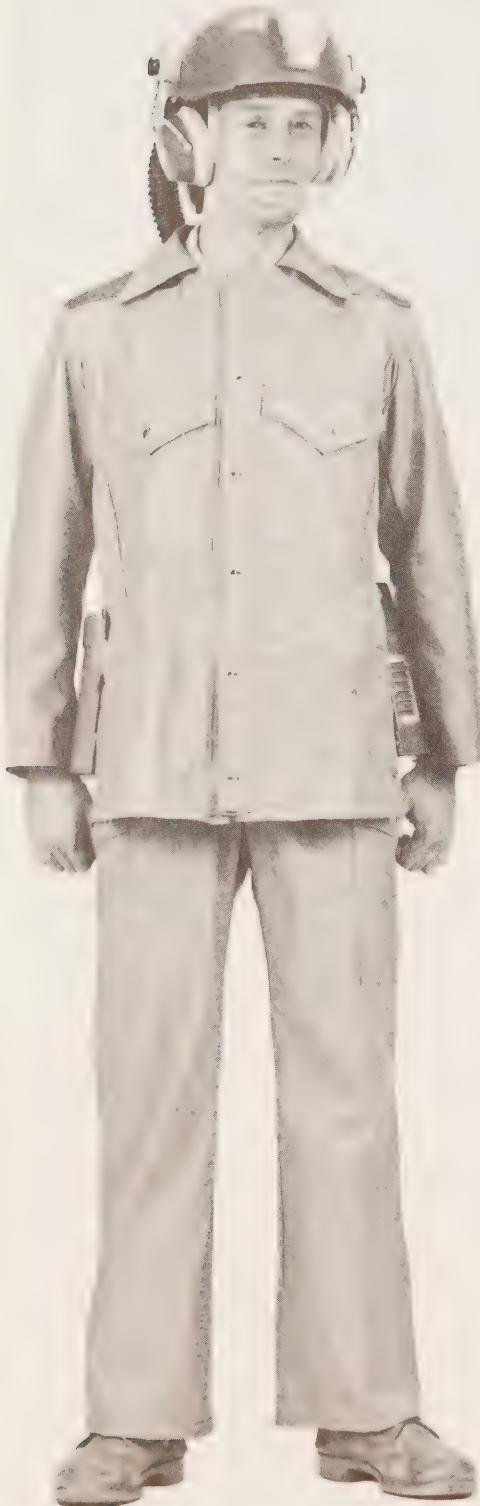
As MIROC never intended to hire a large staff of experts to do the research, Dr. Lord had to locate components that might be combined into one functional and comfortable piece of equipment. Engineers and designers were hired when needed on a contract basis.

Just how complicated the search for components would be quickly became apparent.

"The greatest problem for MIROC by far has been the location of the suppliers and services that were required. It has meant travelling to the U.S. and Europe to find out what was possible and who would do it," explained Dr. Lord.

The work suit, for example, is made of a Canadian-produced nylon-cotton blend, but the best waterproofing technique was found in the U.S. So the material has to be shipped from the factory here to the U.S. and then back again for assembly.

And then there was the problem of designing the waterproofed material into something that was functional, comfortable, and also attractive. Five uni-



form designers were consulted; one came up with the idea of a safari style jacket complete with leather shoulder patches that make it look very contemporary but also provide protection when carrying equipment. Other features include built-in ventilation panels, a tab where the air hose can be attached, and lots of pockets.

In six months of on-site testing, the work suit has proved satisfactory. Dr. Lord says, "The miners like to wear the suit, and that's probably the most important thing. Also, the suit seems to wear well and remains waterproof despite repeated washings."

The helmet has taken longer to develop because virtually every part had to be designed from scratch. Dr. Lord says, "As often happens, one innovation makes another necessary and I'd say that literally every part of the helmet represents a new design."

When MIROC decided to revamp the helmet, the goal was to incorporate head, eye, and hearing protection and a light source into a single unit. An effective respirator was also needed, to replace the uncomfortable contact face mask.

The helmet now being tested in the mines has a high-impact plastic double shell, with a retractable visor and a built-in light source. When the visor is fully lowered, an air-supply pack worn on the belt switches on, blowing filtered air into the space between the face and the visor. Preliminary studies show that the worker breathes 84 per cent filtered air, far better protection than anyone had hoped for.

The development of a good light source was one of the most difficult projects. Dr. Lord says, "We were attracted to the tungsten-halogen concept that provides a brilliant white light, but there hasn't been much work done on that idea in North America. Eventually, we found two European firms that agreed to make a lamp to our specifications."

The results again exceeded expectations. The new light source has an output of roughly double the old lamp. As well, light is evenly divided between a focus area straight ahead of the miner and a 150-degree field around him. Dr. Lord comments, "We felt that this improvement in a worker's peripheral vision would contribute to his overall safety."

A back-up lamp is also built into the helmet. Any failure in the main lamp will automatically activate the alternate system without any manual switching by the employee. Testing for shock resistance will be conducted on site.

The search for improved hearing protection is the only area that has yet not yielded satisfactory results. A slightly more effective design of ear muffs was found, but the improvement is not significant enough to justify manufacture. However, the new helmet is specially slotted to take any of the good ear muffs on the market.

Canadian and U.S. manufacturers have expressed interest in supplying the equipment as soon as preliminary tests in the mines are complete — probably by September of this year.

To save time, MIROC bridged the development gap between ideas and commercial hardware. Most of the production moulds and dies are already on hand and paid for. They of course are subject to modifications that may be needed after field trials are completed. The gear will be made generally available, although member firms will have delivery priority.

Another innovation is already in the works — polyurethane boots. The new injection-moulded boots will be of one-piece construction, similar to plastic ski boots and the new types of hockey skates. Attempts are being made to develop a less rigid type of plastic that will wear well. The new boots should weigh about two-thirds the weight of conventional safety footwear.

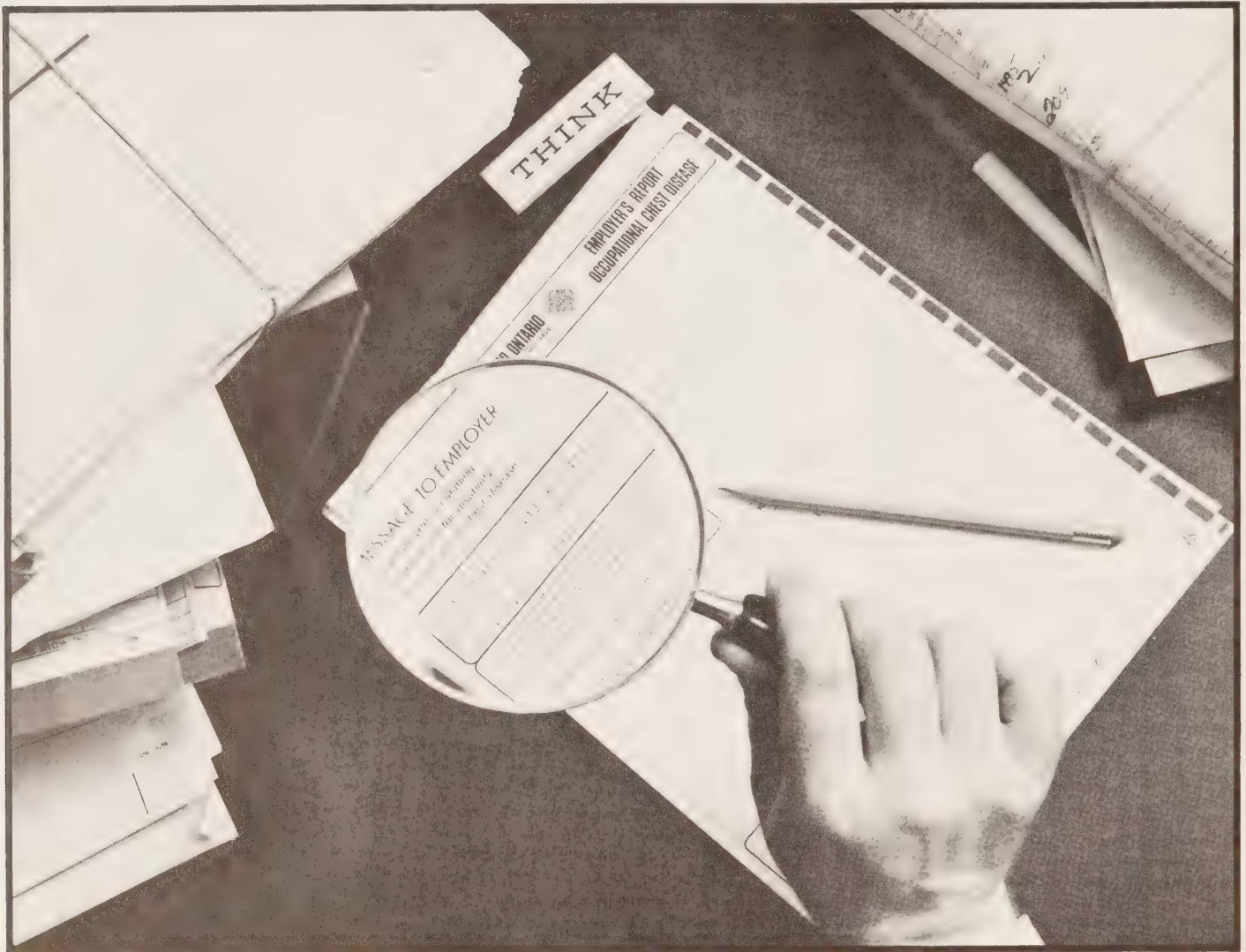
An Australian research group regularly monitors MIROC's findings. Dr. Lord says, "They've

only done theoretical studies to date, but they're also interested in the practical aspects that we've concentrated on."

As Dr. Lord notes, "We've come a long way in a very short period of time. This research would have been beyond the resources of any one company, but by working together we're making the mines safer and pleasanter places to work."



THE WCB AS DETECTIVE



It's not quite the cloak-and-dagger stuff of television detective shows but, nevertheless, the WCB is involved in a daily search for missing persons — the victims of newly recognized industrial diseases.

But how do you go about searching for people whose names you don't even know?

Larry Carr, supervisor of the industrial diseases and dependants section of the Claims Services Division, says, "We think of the places where a worker might be exposed to the hazard that causes an occupational disease.

Then we go out to visit the company and unions to ask people if they remember anyone who might have had the disease."

In a recent search prompted by the WCB's recognition of three cancers developed by asbestos workers, Carr and team co-ordinator Ray Ranta asked the Ministry of Labour for a list of companies with hazardous levels of asbestos fibre dust. The ministry came up with 99 firms.

The painstaking process of visiting each began. Carr and Ranta talked to executives, unions, and senior employees, asking them to recall former colleagues who

might have had one of the cancers.

It's painfully slow compared to the tidy, hour-long investigations of *Kojak* or *Sidestreet*. But so far, in 20 visits, Carr and Ranta have come up with 18 possible claimants. Carr admits ruefully, "In some ways it's not an overwhelming number, but we figure if we find even one possible claimant, the hunt has been successful."

In 1975, the Royal Commission on Health and Safety of Workers in the Mines reported that 81 people who had been exposed to dust in uranium mines had sub-

sequently died of lung cancer. Commissioner James Ham asked the WCB to advise the families of these victims that a claim for compensation could be entered.

The WCB not only went along with Ham's recommendation but voluntarily decided to continue the process whenever a new industrial disease was recognized.

In the first search done by the WCB — for the families of uranium miners who had died of lung cancer — claims staff had some help in coming up with the names. A list of miners who had been exposed to uranium for more than a month before 1974 was already in existence. Claims staff compared the list with Statistics Canada reports on those who had died of lung cancer. At the end of this process, the WCB added 17 names to those mentioned by the Ham Commission.

Finding the names, however, was only the first step in the detective story. Afterwards, Carr and Ranta had to find the miners' families.

Fortunately, Statistics Canada also records the addresses of next-of-kin of lung cancer victims. But, first, the WCB had to ask the registrars general of all the provinces for permission to use information submitted to Statistics Canada. Permission was granted.

When the final phase of the long and complicated search procedure got under way, Claims investigators began to go out to the people to suggest that a compensation claim might be submitted. In many cases, the next-of-kin had moved on and had to be searched out.

In some cases, the people had moved out of Ontario. So the executive director of Claims Services, William Kerr, wrote to other Canadian compensation boards, asking them to help out. All agreed to co-operate fully. The other boards advised people, gathered the required information, and forwarded it to Ontario for claims adjudication.

Results to date have been satisfying. Carr says, "Of the 98 cases of lung cancer in uranium miners that we knew of, 27

claims were allowed, 29 did not satisfy our guidelines, 12 are still pending, and 30 people did not want to file claims."

Kerr is justifiably proud of his "detectives". "We've taken a positive step forward — we're actually helping people to submit claims, and will continue to do so."

But now there's a new angle to the detective story. Just as real-life policemen are looking at ways to reduce crime, the WCB is trying to prevent industrial diseases.

The WCB got into prevention in 1975 when the minister of labour asked it to become involved in a program with Elliot Lake uranium miners. The minister wanted miners to be removed from hazardous exposure levels.

Again, the WCB had to locate people who ran a high risk of developing a disease.

But the task was easier this time. The companies in Elliot Lake could supply a list of miners who had been exposed to underground radiation and silica dust for extended periods of time. A team consisting of Carr, Dr. Charles Stewart, WCB chest diseases consultant, and Bill Pearce, a vocation rehabilitation counsellor, set off to the North.

The team had to overcome the community's hostility to the prevention program before interviews could begin. Pearce recalls, "We really had to sell the program. People were afraid that we would lose interest and leave before the miners finished the transition. But after a while, when they realized we meant what we were saying, we got great co-operation from everyone involved."

The team interviewed 200 miners from Rio Algom and Denison Mines. In each case, Dr. Stewart told the miner about the condition of his lungs and advised him about the urgency of avoiding further exposure.

After the medical examination, the miner met with other team members to find out more about

the assistance being offered. The program was voluntary and did not affect any future claim.

The assistance took several forms. In some cases, employment above ground was available and the WCB simply paid a portion of wage loss. Other miners received on-the-job retraining in new skills. And a small number of workers took academic upgrading courses after Pearce arranged a leave of absence from the company without any loss of seniority. Of the 94 who decided to take advantage of the program, only two actually left Elliot Lake.

Pearce says, "I pay high tribute to the safety people at both Denison and Rio Algom. They let us know when surface operations were being expanded and helped us fit people into the new positions."

Explaining the program often involved the miner's entire family. Pearce recalls, "One miner called us and said his wife was worried about his coming on the program. Some wage loss occurred inevitably because, with bonuses and so on, some miners were making over \$23,000 a year. We went over the family's financial commitments to see if they could afford any loss of income. In many cases, they were living right up to their earnings and even a slight wage loss was a frightening thing."

In April 1977, the situation at Elliot Lake was stabilized and the team moved south to begin similar operations for workers showing asbestos fibre dust effects or asbestosis at Canadian Johns-Manville in Scarborough. This year, the program will move north again to reach miners showing early signs of silicosis.

Because, unlike television detective shows, the WCB detective story will not be cancelled. And while the solutions may not be as glamorous as those on television, the results are satisfactory to the dozens of families receiving benefits due to the efforts of WCB sleuths.

An Informal Portrait of Mike Starr

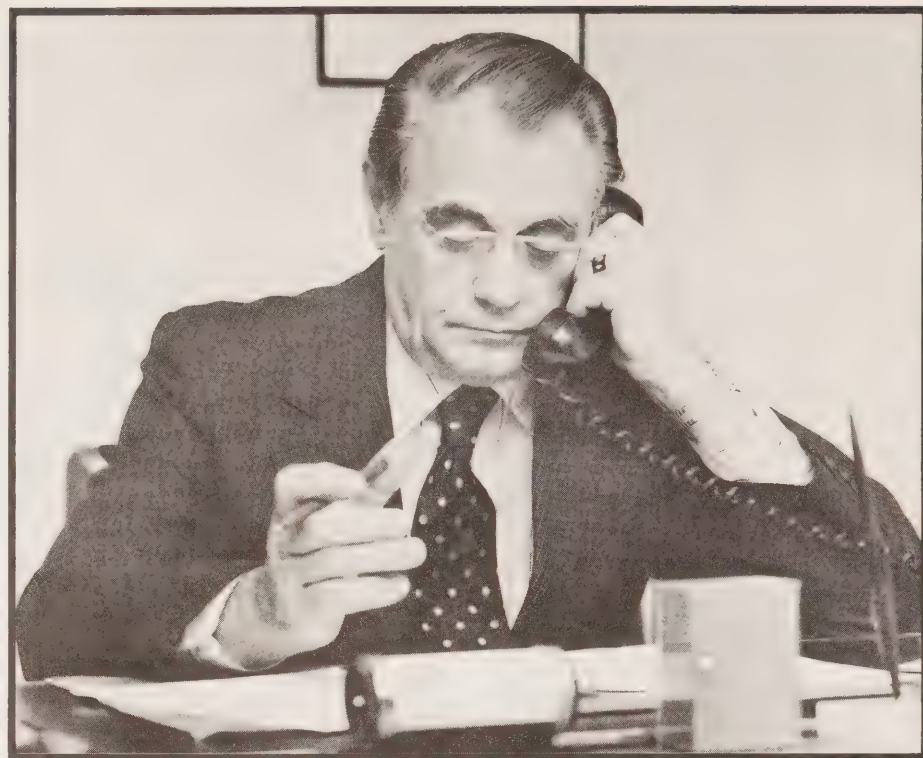
It's all caring.

Eleanor Wright Pelrine

"It's all caring," shrugs Mike Starr, "politics, my job as chairman, the Workmen's Compensation Board . . . everything I've done."

Starr, a well-tailored, stocky man, has piercing eyes leavened with humour and compassion. His appointment to the chairmanship of the Workmen's Compensation Board came in 1973, after an arduous career as alderman, mayor, member of Parliament, federal cabinet minister, and judge of the federal Citizenship Court. At a time when other men might have welcomed a rest or retirement, Mike Starr chose to accept a new challenge.

Michael Starr has always seen himself as a working man, and his indelible stamp as federal minister of labour in the Diefenbaker government impressed political friends and adversaries. In January 1973, he was appointed to a three-member Task Force established to inquire into the



administration of the Workmen's Compensation Board.

A few months after the Task Force report was complete, the government appointed Starr chairman of the Board, and implementation of the recommendations for faster, better, and more humane service to injured working people of the province become his prime responsibility.

Starr's "open-door" accessibility raised eyebrows — and the hopes of staffers used to the almost austere reserve of his predecessor.

"I'm a different kind of animal. I've never wanted, nor needed, protection from people. A closed door makes you wonder what's going on behind it. Some doors are closed all the time.

"When I came here in 1973, all the old headaches of the Board came back at me. I was a new boy, and everyone with a grievance saw me as another chance."

People with grievances, frustrations, and fears still see him as another chance. The writer, spending a day in his office, soon discovered why. Every call to Michael Starr reaches him, unless he is engaged in a Board meeting or staff discussion outside his own office. Some callers

are clearly astonished to get through.

"Hello. This is Michael Starr. How may I help you?" Intent now on personal contact with the worker with a problem, Starr reaches automatically for an information request form and asks the questions that will help him in his investigation. He notes the claimant's name, claim number, and the problem. And he has time for it all.

"Leave it with me, I'll get back to you."

Several times each day John Davies, executive assistant to Michael Starr, confers with him about cases red-tagged for Starr's scrutiny and information. Investigations into the latest inquiries are launched. Their teamwork is effective, their verbal shorthand helps them expedite investigation and dissolve bottlenecks — most of the time — not bad in an organization that last year served 423,000 working women and men, injured at work and entitled to benefits amounting to \$372 million.

Michael Starr's greatest satisfaction is "cutting through red tape to effect a happy solution". His greatest frustration, he says, comes with "the calls when I know I can do nothing whatever

Eleanor Wright Pelrine is a Toronto freelance writer whose work has appeared in Chatelaine, Homemakers' Digest, The Toronto Star, and many other publications. She has written three books, including Morgentaler: The Doctor Who Couldn't Turn Away. She was the NDP candidate in Toronto-Eglinton in 1972, running against the Hon. Mitchell Sharp.

to help." He explains, "I'm powerless to reverse a decision after it's gone through the appeal process. Hours seem like days, days like weeks, and weeks like months to a working person with time on his hands and financial problems. I want everyone on the Board's staff to understand and sympathize with that."

Each day, claimants telephone to ask for Michael Starr's help. A few, hardly daring to hope, ask for personal meetings. In those cases the chairman and John Davies meet the claimant in a tiny private interviewing room on the Board's twentieth floor.

"Why did you ask to see me?" Starr began one interview. The claimant, an attractive woman in her late thirties, was nervous and distraught.

"I don't understand, Mr. Starr. Please help me." The case, a particularly complicated one from her point of view, had been almost routine to the Board's staff. The woman, a hospital worker, had been on compensation for almost three years, since a serious back injury on the job. She had undergone surgery, but was still taking rehabilitation treatments. Attempts to persuade her to take job retraining had been unsuccessful. Recently, the lawyer acting on her behalf had requested a total disability pension.

"Does your lawyer know you're here?" asked Mike Starr, gently.

"No." Now the story began to unfold. The claimant, worried about finances, eager to return to work, had recently met with the personnel manager of the hospital where she had worked before her injury. There was, she said, part-time work available on the night shift, and she wanted to try it, hoping the work would be less heavy than day work, and that her back injury would not recur.

"They want me back. They like me. They have nothing against my performance. But they want a letter from you. Please give it to them."

The letter she requested was one the Board could not give.

The hospital had asked for an "impossible guarantee," explained Starr, a guarantee not to hold the employer accountable in case of further injury or recurrence of the claimant's back problem.

"The Workmen's Compensation Board exists to protect the injured workers," Michael Starr pointed out. "It would be against the law for us to provide that sort of guarantee."

Other Board staffers had already provided that answer, but the claimant didn't understand.

"Please, please let me try," she asked.

On the surface, the problem was virtually insurmountable, but, "We'll try to talk to the hospital, one more time," promised Starr as he said good-bye.

"Mike Starr is one of the good ones. Everyone in the House of Commons respected him for his talent. He radiates conviction and sincerity. He can be impatient, but never vindictive."

— Bryce Mackasey,
former Liberal cabinet minister

He and Davies talked quietly. There was *one* last possibility. Promptly, they arranged for a senior staff member to meet with hospital officials. Within a few days the matter was settled. Under Section 53 of the Act, the claimant could return to work, paid by the Board, for a period up to eight weeks. Should accident or injury occur during that period, classified as rehabilitative assessment, the Board *could* hold the employer unaccountable. During the assessment period, a rehabilitation counsellor — one of 120 in the Board's staff — would make weekly checks. The understanding was that if there were no further problems, the hospital would take the woman back on staff. The hospital agreed, and Michael Starr and his staff went on to the next problem.

In May of this year, the Workmen's Compensation Board announced that it had granted the world's first compensation award for laryngeal cancer, to Aimé Bertrand of Sudbury. The award came quickly after the Board's announcement on May 9 that guidelines had been established for accepting certain cancers of the larynx as compensable industrial diseases. The decision was based on new scientific evidence linking exposure to nickel aerosols and asbestos fibre dust with the development of laryngeal cancers. Bertrand, a former employee of Inco Limited, at Coppercliff, was exposed to nickel aerosols over a period of 18 years and nine months, and it was this fact that led to the granting of his award. His exposure to asbestos fibre dust amounted to less than eight months, in total, and the new WCB guidelines require 10 years exposure to asbestos before compensation can be paid.

Stephen Lewis, MPP and former leader of the Ontario New Democratic Party, has been a vociferous critic of the Workmen's Compensation Board. In his column in the *Toronto Star* hailing the award, Stephen Lewis discussed the claimant's exposure to asbestos fibre without mentioning nickel aerosols. In the past, he said, "The Board and the Minister [of Labour] stone-walled in a way which was almost obsessive."

Michael Starr was furious enough to fire off a letter to the *Star's* editor, suggesting that Lewis "get his facts straight."

He knew exactly what he was doing, and why. "If I don't defend the Board, our own people, dedicated and hardworking, could be demoralized. I can't let that happen."

Starr enjoys doing battle with his critics, regards it as part of his job. Until 1975, he points out, MPPs in Ontario had no opportunity to question the Workmen's Compensation Board operation.

"That was absolutely wrong. I want to come before the appropriate legislative committee to



Following up on a call from a worried claimant, Starr discusses the case with Tony Corbeau, manager of the Extended Disability Section of the Claims Services Division.

answer questions on my stewardship." The March 1978 committee hearings were hectic, and Starr engaged in fiery exchange with NDP critics.

"If they're wrong, I fight back. If they're right, I apologize, correct the situation, and thank them for bringing it to my attention. Remember, I spent 16 years in the biggest debating society in the country — the House of Commons."

And what challenging years they were. Mike Starr was in his element as Conservative house leader in opposition, pouncing to almost bring down a dozing Liberal government, in a vote on Post Office estimates. Manoeuvring, scheming, to summon the votes to "scare the hell" out of government house leader Mitchell Sharp.

"Mike Starr is one of the good ones. Everyone in the House of Commons respected him for his talent. He radiates conviction and sincerity," says Bryce Mackasey, former Liberal cabinet minister, who used to play poker with Starr and others every Wednesday night during Starr's six years as minister of labour.

"I won all the time," joked Mackasey, whose personal style as minister of labour in a Liberal government was frequently compared to Starr's no-nonsense technique.

"He copied me, the son of a gun," jibes Mike Starr.

"It's more than that," counters Mackasey. "Somewhere along the line, we both discovered peo-

ple, and I *did* learn from him."

Starr had the respect of all members of the House, recalls Mackasey. So much respect, in fact, that after Ed Broadbent defeated him by 15 votes in the election of 1968, the Liberal government promptly appointed him judge of the federal Citizenship Court in Toronto. He served in this capacity until 1973, moving his court into union halls and church basements for the convenience of immigrants receiving Canadian citizenship.

Michael Starr confesses, "I have no time for red tape or petty bureaucrats." John Diefenbaker, he recalls, once said, "If they don't take those scissors away from Michael, he'll cut all the red tape in sight."

Michael Starr, married to Anne for 45 years, is almost fiercely protective of their privacy. They live today in the same Oshawa house they had before his political career began.

"We've always kept our feet on the ground, we were never high flyers. So political defeat was no crash."

Starr's telephone is listed in the Oshawa directory, and he is matter of fact about the calls that come to him at home, from people who believe that he won't be accessible at the Board's office. "I don't mind. People are just calling to ask for help, or to find an outlet for their frustra-

tion. I usually make notes, then check on the matter when I come to the office the next day."

Occasionally, he admits, his callers are slightly inebriated. "Let me speak to stupid Starr," demanded one.

"Who squealed?" Starr countered, and got an apology.

"I never take work home with me, and I don't expect my staff to do so, either. Leisure is important."

Mike Starr's leisure is simple enough — golf, the occasional poker game, puttering in the garden, and, surprisingly, "grocery shopping with my wife. I get great pleasure out of it, meeting people we know. Remember, I had no chance to do it for the 16 years I was in the House of Commons."



The chairman and his executive assistant John Davies listen carefully to a claimant who has requested a meeting with them. Starr deals personally with the handful of difficult cases that claimants bring to his attention.

It's all people and caring with Mike Starr, in his day-to-day work at the Workmen's Compensation Board and in the public relations forays designed to demystify the Board for the working people he serves. Speeches, open-line shows, meetings with management and labour in the communities outside Toronto, too.

Starr's appointment expires in November of this year, and he's frank about his interest in re-appointment.

"I'd like to stay. I'm not ready to retire."

Is he as productive today, as he was 20 years ago? The piercing eyes answer the challenge.

"You're damned tootin' I am."



Michael Starr shows a visitor the photographs in his office, taken when he was federal minister of labour. On the table is a picture of Starr with the late John F. Kennedy and U.S. Secretary of Labour Arthur Goldberg. Photos on the wall show him with "Dief the Chief" and the late Olive Diefenbaker, and with former Jamaican Prime Minister Alexander Bustamante.

MEDIA



WATCH

News Reporting: Right On or Turned Off

The news media have had their eyes on the Workmen's Compensation Board for some time, and now we have decided to start watching them back. Many people accept news coverage at face value, assuming that the business of reporting news is a straightforward and uncontroversial one. However, this perspective changes once *you* become the subject of a media report.

News people are themselves aware of the difficulty involved

with reporting accurately and fairly. But something rarely discussed, either within the business or by the reading, viewing, and listening audience, is media credibility.

If there were no news reporting, events happening in the world would be a closed book to the average citizen. For a knowledge of world, national, and local affairs, most people depend on the various media. But they may not always be aware of the hazards inherent in the job of reporting news. To draw a clear and objective picture of current affairs, healthy curiosity is required.

Borden Spears, senior editor of the *Toronto Star*, recently wrote a column on this subject, under the heading "'Fair' Stories Are Usually 'Unfair' to Someone". He commented that emotion may colour fact in some reporting, and that the biases of those responsible for the news may bend the truth. Certainly it is hoped that this sort of distortion is not common, but that it does persist in some small way is admitted by the media people themselves.

A case in point was the May 29 demonstration at the Ministry of Labour, when the Union of Injured Workers demanded in-

creased Workmen's Compensation benefits. The three daily Metro newspapers played up the story, as did radio and television. It even rated a spot on the national news. It was a big story.

But one thing few people clearly recognized was the vital part the media played in the demonstration. Spears wrote in the *Star*, "There is little question that the demonstrators provoked the violence." And we, naturally, have no quarrel with this statement.

Unfortunately, the impression conveyed in many of the news stories covering the event was that demonstrators were the unfortunate victims of strong-arm police tactics and a government without feelings.

This is, of course, not the case. The Ministry of Labour and we at the Workmen's Compensation Board are vitally concerned with the needs of injured workers — contrary to what the media would often have the public believe. However, we also know that violent demonstrations are not the most effective means of ensuring an improved way of life for the injured worker.

But enough. Just once we would like to see our side of the story in print. Maybe something like this:

Whistlestop Times

WCB annoyed with press

Employees of the Workmen's Compensation Board today unanimously agreed that news media are representing them unfairly, an informed source said today. "Some people are never happy," said one employee who refused to give her name. "We do our job the best we can, just like everyone else. And what do we get? Flak, that's what."

The statement comes in the wake of a hard-driving campaign by Ontario media to undercut the successful operation of a necessary and valuable public service, namely, the paying of compensation to workers who have sustained injuries on the job.

Saying she would think twice before buying another newspaper, and is cultivating African violets in her radio, the employee indignantly raised the issue of media reliability. "When you see how they come down on something you are familiar with, and you know their reports to be biased, you wonder which of their other reports are biased too. Rarely do newswriters get excited about the good things happening around them. They find something that looks like news and then they blow it up like a balloon. Usually they are reasonably accurate, but they get their emphasis all wrong."

A reporter contacted at a local newspaper denied the allegations,

saying, "I just do my job and report the news. I'm paid to report, not to think about employee morale in government agencies."

The WCB source said she was not surprised by the reporter's reaction. "You know reporters. They live and breathe news. If it's not news they don't want to hear about it. Old news is no news, and good news is no news either."

It is expected that the WCB will continue its operations, despite negative press. Acknowledging that unfavourable publicity leaves a bad taste for a short while, WCB employees say they won't let themselves be affected by it.

SHORT TAKES

Update on Vocational Rehabilitation

The WCB made vocational rehabilitation a division in its own right a few months ago and the winds of change are already blowing.

New executive director John Wisocky says, "We're putting more emphasis on getting the injured employee back into a self-supporting role. We want to offer a more thorough service, to help those who want to be helped."

According to Wisocky, the benefits are two-fold. "The injured person's ego is built up because he or she is producing again. And for each person who is successfully rehabilitated, the WCB can knock one more claim off the caseload."

A major step in this effort to return claimants to the work force is the hiring of seven new employment specialists. These people will look for job opportunities for injured workers who are physically ready to return to the work force. Advertisements in local newspapers are telling employers about the advantages of hiring the disabled.

Wisocky says, "After all, we pay for most of the on-the-job training — so, in essence, the employer is getting a fully trained person right off. And research has shown that disabled people are very dependable employees."

The Vocational Rehabilitation Division is also intensifying the training program for new rehab counsellors. Its aim is to give them a fuller understanding of

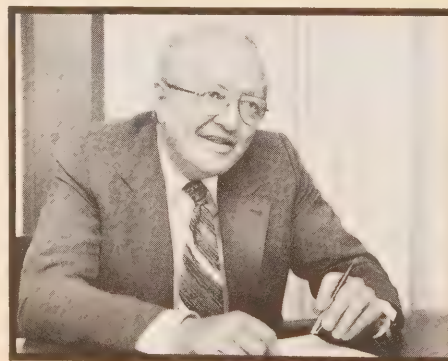
their job and what's expected of them, as well as ideas about specific ways to help the individual injured worker.

Counsellors themselves are designing comprehensive plans for the complete rehabilitation of each injured employee. Wisocky says, "They'll concentrate on a person's abilities rather than his or her disabilities."

As in the past, Vocational Rehab will try to get an injured worker back into a job that requires the same basic skills as the pre-accident occupation. Wisocky comments, "Academic upgrading and formal training can sometimes do more harm than good. After all, many people are a long way removed from their school days. And it is really in the best interests of the individual, the community, and the WCB to return the injured employee to his or her pre-accident status, both financially and socially."

New Commissioner of Appeals Appointed

Tom D. Warrington of Islington was appointed Commissioner of Appeals and member of the Corporate Board on May 3, 1978. Before joining the WCB as a commissioner last year, he worked in the private sector for over 20 years, most recently as president of Central Rigging and Contract Ltd. in Rexdale. In his spare time, he works with the Juvenile Diabetes Research Foundation. In the past he has served on several Boards, including the Toronto Historical Board and the City Advisory Commission to rebuild the St. Lawrence Hall in downtown Toronto.



Counterpoint:

A Real Life Drama

A tangle of electrical cable snakes down a corridor of the WCB Hospital and Rehabilitation Centre in Downsview. It leads past boxes and crates of camera equipment and assorted paraphernalia to the set of the movie *Counterpoint*.

Produced by the WCB, *Counterpoint* tells the story of Lois Dale, a factory worker who has her leg amputated following an industrial accident, and of the medical care and therapy she receives at the Downsview facility.

To a layman watching *Counterpoint* being filmed, it comes as a surprise that the director actually yells "Action — camera!" But he does. And, in what may seem to be a holdover from a by-gone Hollywood era, the assistant still snaps down the striped signs and calls a "take" number before each scene is shot.

On the set itself there is an air of professionalism, although there is no apparent continuity of action. Scenes are shot out of sequence, and one bit of action has no relation to the next. But somehow there's a feeling that eventually it will all make sense.

For actress Gertrude Bradley, who plays the lead, the role is the ultimate in realism. She had a leg amputated last year following an illness — she's been there. For her it is a familiar road — waking up after the operation, feeling the foot that is no longer there but still itches, coping with the trauma of regaining mobility with the help of crutches, and, finally, learning to use a prosthesis or artificial limb.

Bradley, a veteran of 25 years of stage and television roles, is supported by actor Ara Hovanesian as a worker receiving treatment at the Centre, and Patty Elsasser, who plays the part of a nurse.

Counterpoint was written and is being produced by WCB Communications staffer Doug Wright. It will be available for release in September.

In an unused hospital room the shooting continues. The scene depicts Bradley as she awakens after her operation. The light is not satisfactory, so it is shot again. The noise of plumbing in the distance ruins the sound. One more take. Finally everyone is satisfied. "That's it," says the director and they pack up their gear and move on to another location.

Joan Mesley Goes to Tel Aviv

Chief WCB physiotherapist Joan Mesley was delighted with her trip to Tel Aviv in late May — partly because she'd never been to Israel before and partly because physiotherapists from all over the world heard her paper on a type of therapy seldom used in North America.

The paper, entitled "The efficacy of Interferential Vector Current in the treatment of chronic lower back pain", was prepared for the eighth annual congress of the World Confederation for Physical Therapy.

Mesley began a trial of interferential therapy when the Canadian Physiotherapy Association recommended the WCB Hospital and Rehabilitation Centre as a good location for a clinical test of the equipment that produces the current. Such a test is required before marketing begins in North America.

Interferential therapy uses two medium-frequency currents which are crossed to produce maximum effect deep within the body itself. The current is often applied in conjunction with a form of rhythmic suction massage, which enhances the effect of the electrical current.

Benefits noted in preliminary studies were encouraging, so Mesley, with the co-operation of therapists in her department, started a more precise, controlled study. Patients suffering from chronic low back pain — one of the most difficult medical problems — were divided into four groups. All took part in nor-

mal activities in other parts of the hospital but were assigned to one of four programs in physiotherapy. One group was treated with both interferential vector current and suction massage, another with the current alone, the third with only the suction, and the final group with hot packs, a traditional treatment.

Results showed that the first group experienced slightly more improvement than those who had the traditional hot-pack treatments. However, as Mesley indicates, "The therapy will not revolutionize the treatment of chronic back pain, but it may well have a real role to play in less difficult problem areas."

Further studies will be done on the procedure's effectiveness with knee and shoulder injuries. Staff will also compare their results with those of other pain relief therapies.

John McDonald New Board Secretary

Ken Harding, who retired as secretary of the WCB on July 1, is a walking encyclopedia of information about compensation systems around the world. And the new secretary, John McDonald, admits, "I have a lot of reading ahead of me before I'll even come close."

There's no doubt that McDonald will need the knowledge. One of the main functions of his new job is to advise the Corporate Board on policy — and, for this, it is vital to know what is working and not working in other jurisdictions.

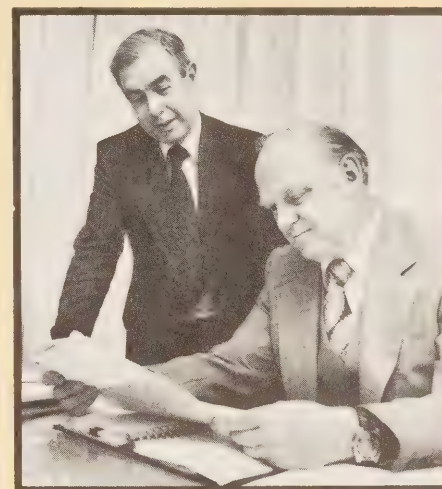
Fortunately, though, Harding's knowledge will not be lost to McDonald or to the WCB. He will continue to research and analyze the legislation and approaches to reform popular in other places.

The other half of the secretary's function is to co-ordinate the meetings and agendas of the three top-level committees at the WCB: the Corporate Board; the Management Committee, made

up of the eight executive directors and the vice-chairman of administration of the WCB; and the Joint Consultative Committee, consisting of citizen advisors.

McDonald will also answer questions from other compensation boards about the Ontario system. But after 23 years of experience with the WCB, this should be easy.

Prior to becoming secretary, John McDonald was the director of the Claims Adjudication Branch, Claims Services Division. He also served as assistant secretary from 1970 to 1973.



John McDonald settles himself in the secretary's chair, while his predecessor, Ken Harding, gives advice and support.

New WCB Publications

A number of brochures and folders have recently been published by the Communications Division of the WCB. These are available on request, free of charge. Please state the number of copies you need. You will find the address on page 2.

Answers to Your Questions about Workmen's Compensation (for employers)

Answers to Your Questions about Workmen's Compensation (for employees)

Occupational Hearing Loss

Employing Injured Workers . . . Doing Yourself a Favour

Getting Back to Work . . . Help for the Disabled Worker

Workmen's Compensation Board Annual Report, 1977

FORUM

Forum is a regular feature in each issue of the *WCB Report*. Policies and procedures and comments about your dealings passed on to appropriate staff members for reply, and letters and answers of general interest will be chosen for publication in each issue. Whether or not your letter is published, you will receive an immediate reply from our office.

We invite your questions about WCB with the organization. Your letters will be passed on to appropriate staff members for reply, and letters and answers of general interest will be chosen for publication in each issue. Whether or not your letter is published, you will receive an immediate reply from our office.

Please address your letters to the Editor, *WCB Report*, Workmen's Compensation Board, 2 Bloor Street East, Toronto, Ontario M4W 3C3.

As this issue is in preparation shortly after the appearance of the Spring issue, we have not yet received enough letters for a column. Detra Conolly, claims supervisor, Extended Disability Section, and Jack Archibald, manager of Assessment Services, have provided some typical questions and answers to them.

I am the owner of a small company and I of course pay an annual assessment to the WCB to cover all my employees. Can I obtain coverage for myself and, if so, what would it cost?

Sole proprietors, partners, and their spouses, as well as executive officers of corporations, may apply for personal coverage. The present minimum coverage is for earnings of \$7,973 and the maximum is for earnings of \$16,200. You may request personal coverage, based on your projected annual earnings within these limits. The cost is dictated by the assessment rate or rates of your company. If your firm is assessed under two or more industry rates, your personal coverage will be pro-rated over all the industries involved.

A former employee of mine hurt his back while working for my company. He established a claim with the WCB and received compensation while he was off work. He returned to work for me, but later quit and went to work for another employer. Last month I received a card from the WCB notifying me that he was again drawing compensation under the same claim number. Can you tell me what's going on here?

As the accident employer, you are entitled to know the status of a claim at any time. Presumably

there was a recurrence of the old back injury and so his old claim was reactivated. You can call the claims adjudicator and ask for a written explanation of the current status of the claim. If the adjudicator's telephone number is not included on the card you received, you can find the number for the relevant claims section in the Toronto telephone directory; the last digit of the employee's claim number is the number of the section that handles that particular claim. In other parts of the province, call the local WCB area office.

If for some reason you disagree with the decision to reopen the old claim, you have the right of appeal and you can write to the Registrar of Appeals requesting that your concerns be considered.

As an employer I have put a great deal of time, effort, and money into a safety program for my company, and I have been successful in reducing accidents and accident costs to a level well below what I pay in WCB assessments. But each year my assessment rate increases, and I don't think that's fair.

We can understand your frustration over your increased assessment rate, especially as you are obviously succeeding in reducing your accident costs. However,

the Workmen's Compensation Act provides for assessment rates to be established on a collective-liability basis for each industry as a whole. The rate reflects the cost of compensation for the whole industry, not for individual employers. This is a basic principle of compensation in all Canadian jurisdictions.

The assessment rate for each industrial group is based on that industry's past record of accident costs and an actuarial assessment of future trends. Specifically, the rate is set to cover both the costs for the current year and the future costs of claims established this year. There are also components to cover this year's share of the cost of previous amendments to the Act and other deficiencies, as well as the Board's administrative costs and those for the appropriate safety association, and the net cost of the second injury program. Once the rate is set, it is applied to the whole industry group.

The only suggestion we can make with regard to reducing your future assessment is that you work with your industry association to encourage other firms in your assessment group to step up their safety programs and hence reduce the accident costs for your industry as a whole.

SAFETY LINES

The guest safety columnist for this issue is Ava Kitz, a writer/editor with the Construction Safety Association of Ontario.

Building for Safety

A contractor has the same responsibility for managing the safety of his workers as he has for managing any other part of the job. He must ensure that his contracting work is performed safely, and that safety regulations and guidelines are known, understood and followed by all workers. He must provide and maintain all the required protective devices and must insist that his supervisors and workers use all such devices correctly. Most important, he must make his commitment to safety known to all employees, through a clearly and carefully written company policy.

By exercising good judgement and intelligent supervision, together with careful planning based on the knowledge of accident causes, management can create an atmosphere of safety awareness and provide a safe working environment.

To assist contractors in planning for safety through accident prevention control, the Construction Safety Association of Ontario makes available a variety of counselling, research, and educational services.

A non-profit organization with 100 volunteer directors, the Association recognizes the need and demand for safety education at all levels in the construction industry. While safe working practices and performance have improved on the whole, much more needs to be done. One of the purposes of the Association

is to determine the causes of construction accidents and injuries and assess new methods of preventing them. These methods are constantly being revised, updated, and disseminated through four main departments: Safe Practice, Research and Development, Education, and General Office and Information Services.

The Safe Practice Department forms the prime link between member contractors and the Association. Safe Practice counsellors are the first and continuing contact with member firms. Their task is to motivate and assist management to decrease injury rates through the introduction of active accident control programs.

At the invitation of a company, the counsellor will advise on the preparation of safety policies and programs and the compilation and analysis of accident statistics and records. A detailed analysis of the company organization and operations can be conducted and remedial action suggested in control, working methods, and attitudes related to working safely. Educational courses and seminars may be suggested to upgrade supervisory skills or to educate tradesmen in safety procedures. Consulting specialists and research co-ordinators can provide direction for accident prevention in blasting, mechanical trades, steel erection, sewer and watermain construction.

The Labour-Management Division of this department helps bring senior representatives of management and labour together to improve accident prevention. One aspect in this joint effort has been the formation and continuance of a provincial and 11 regional Labour-Management Safety Committees. The provincial committee combines the input from the regional committees to provide documents of accord, reflecting the voice of the Ontario construction industry.

The Education Department teaches the fundamental principles of safe working procedures. Courses developed and conducted by instructors who are technical experts themselves foster

an awareness of the hazards in the industry and an understanding that safety goes with skill and efficiency.

Technical courses offered relate to specific construction techniques — welding, rigging, roofing, concrete placing. Special courses deal with the promotion of safe working practices; films dealing with general safe practice and specific subject matter are also available.

By means of statistical and engineering research techniques, the Research and Development Department identifies industry hazards and recommends methods of circumventing the hazards and preventing accidents. All this is done in close co-operation with people in the industry.

Statistics obtained from fatal accident reports, lost-time injury reports, Ministry of Labour figures, and equipment damage reports are continuously monitored. Engineering research programs are initiated to determine and eliminate the causes of accidents.

One of the most successful efforts in this area is the Injury Frequency and Cost Record Program. Firms participating in this no-cost, voluntary program report their actual manhours and lost-time injuries on a monthly, confidential basis. In return, they receive a print-out showing the official frequency for the last three complete years plus the current year and a comparison of the firm's record with that of other firms in the same rate number. Member firms are thus alerted to factors that may increase their WCB assessments; they can then take positive corrective action to improve their situation.

The day-to-day servicing of the Association is provided by the General Office and Information Services. Ongoing public relations activities promote the activities of the Association across the province and *The Counsellor*, a monthly publication, reaches 70,000 contractors, employees, unions, and government officials.



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WCB Report



H&RC: Not Your Average Hospital

In this issue ...

Rehabilitation: to restore to a former capacity or state; to restore to a condition of health or useful and constructive activity.

"Rehabilitation" may not be the most beautiful word in the English language, but it's one that has a great deal of meaning for people who need help in getting back into the mainstream after accidents, diseases, or other upsets have shaken up the patterns of their lives.

"Rehabilitation" is a term that's frequently heard around the Workmen's Compensation Board. Two major divisions — Medical Services and Vocational Rehabilitation—have as their main goal the rehabilitation of injured employees, and this is of course the underlying goal of the Board as a whole. The stories in this issue all deal with rehabilitation in some way.

The story on page 3, written by Cyndy De Giusti, describes some of the many activities that go on every day at the WCB's Hospital and Rehabilitation Centre in Downsview, and outlines the team approach to treatment that has evolved over the years.

In late October, a festive celebration will mark the twentieth anniversary of the day in October 1958 when the Hon. Charles Daley, then minister of Labour, officially declared the new facility open. Since that time, thousands of men and women from all parts of the

province have come to H&RC for assessment and treatment. Medical care and physical rehabilitation programs, individually designed for each patient, have been continually improved and expanded.

During the past few months, the media have devoted a lot of attention to the problem of alcoholism that plagues our society. Some sources estimate that there are more than 300,000 alcoholics in Ontario; somewhere around six per cent of the total workforce of the province falls into this category — so it's to the advantage of business and government to become involved in finding solutions to this waste of human resources.

Contributing writer Bob Maxwell attended a conference on alcohol and drug addiction in the workplace, held in Ottawa and sponsored by the Council of Safety Associations. He says it was clear that both labour and management participants in the conference are eager to co-operate in resolving the addiction problem. Many companies and organizations are sponsoring programs to help employees who are addicted; the WCB has recently established such a program for its own staff. Maxwell's story on page 7 describes the kind of "helpful" conspiracy that often covers up the existence of alcoholism in the workplace and outlines the kinds of positive and effective action that can be taken to rehabilitate addicted employees.

This year, the WCB has placed increased emphasis on its responsibility to assist injured employees to get back into productive involvement in the workforce. The Vocational Rehabilitation Division has been split off from the medical function and has become one of the major operating divisions of the Board. A vigorous publicity campaign has been mounted to convince Ontario employers to hire rehabilitated workers, and to tell them about the incentives the WCB offers to make this option attractive to them.

This summer I visited several of the Board's area offices and went with some of the rehabilitation counsellors on their daily rounds of visiting injured workers. For someone who spends most of her working time in a twentieth-floor office at Bloor and Yonge, it was a moving and educational experience to get out into the field and meet the people we're in business to serve. I was impressed by the dedication of the counsellors and their genuine concern for the claimants on their caseloads.

In the story on page 10, I offer my impressions of the Vocational Rehabilitation Division's work; a second story, on page 13, focuses on three of the 120 rehab counsellors and some of the people I visited with them.

Lynn Todd

Lynn Todd, Editor

WCB Report

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Cover: In the swimming pool at the WCB's Hospital and Rehabilitation Centre in Downsview, physiotherapist Susan Thiessen works with a patient to strengthen his injured leg muscles. The pool is also used for group exercise and games.

H&RC Celebrates its Twentieth Anniversary

COACHING THE RECOVERY GAME

Playing ping pong, shooting pool, swimming, riding bikes, playing golf, working out in the gym — a far cry from your standard hospital treatments. But then, the WCB's Hospital and Rehabilitation Centre isn't your standard hospital.

At H&RC, it's normal to be unconventional. Patients get involved in all sorts of strange activities. But behind each activity, there's a purpose — to help a worker make the difficult transition between a serious injury and the return to work.

For example, two patients with leg injuries are assigned to play ping pong. Another is busy playing ring toss. Assigned to play games? Well, it sounds unusual — but staff members have found that in the heat of competition, amazing things can happen. An amputee will put his full weight on his new prosthesis for the first time. Someone with a shoulder injury will fully extend her arm.

This year H&RC celebrates its twentieth anniversary, but the idea of a rehab centre was born long before 1958. As early as 1932, the WCB established a physiotherapy facility in downtown Toronto, to help compensation claimants recover from their injuries. This facility expanded and moved to new quarters in a converted Malton barracks in 1947. The need for a full-time rehabilitation centre was clear. In the late fifties, the first stage of the present building was constructed in Downsview, near the intersection of highways 400 and 401.

H&RC is the largest rehabilitation facility in North America. Each year more than 7,000 patients are treated with its unique blend of therapies.

In many cases, family doctors of injured workers suggest admission. Some patients come to H&RC because there are no adequate treatment facilities in their home areas. Others come at the suggestion of the WCB staff, after discussion with the attending physician.

Most patients "work" at a full treatment program—eight hours a day, with an hour off for lunch. Even the physical appearance of the Centre, especially the occupational therapy areas, is factory modern — exposed pipes, cement

floors, scaffolding, fluorescent lights.

However, the treatment program wasn't always as extensive as it is now. Dr. William McCracken, executive director of the Medical Services Division, says, "At first, we just had physiotherapy because most general hospitals did not have their own departments. But we began to realize that physio wasn't the full answer, so we phased in occupational therapy as well."

In physiotherapy, a patient's injuries and pain are treated with



massage, exercise, short wave, and so on. Occupational therapy goes further. Staff members test a patient to see what he or she will be able to do in the workplace. Dr. McCracken explains, "We try to duplicate the usual motions of a patient's job — maybe walking, climbing ramps or stairs, lifting heavy boxes, using specialized equipment."

But the combination of physio and occupational therapy isn't enough. "People were still having trouble because their muscles were soft and flabby after a prolonged convalescence. So we looked around to see what else we could do. In England, we came across a

the jobs in the province. One man rolls a dolly of boxes around. Another does woodwork.

In the summer, much of the occupational therapy activity takes place in the rolling grounds of the Centre. A carpenter with a hand injury is building a small cabin. A woman gardens. On the lawn in one area, a group of amputees may be playing golf. Some, newly fitted with artificial arms, whack the balls out. Others with new legs fetch the balls.

But the activities are not just designed for the amusement of the patients, although patient acceptance is an important criterion. All of the treatment programs are

Using a complicated series of wires and grips, a remedial gymnast can measure a muscle's strength by attaching a tensometre to a wire. The tension a patient is able to put on the wire indicates muscle strength. Gymnasts then compare the injured area's strength with that of an uninjured muscle, and chart the patient's progress.

Most patients find their activities tiring at first. But as head remedial gymnast Alex Frickleton explains, the exhaustion is part of the reconditioning process. "A patient comes to us after a period of prolonged inactivity because of the injury. This has stopped the muscles from working, so there has



remedial gymnastics program that produced the results we wanted."

But what happens in each of these treatment areas? Well, when it comes right down to it, each person is involved in a different combination of activities; programs are designed to suit each individual.

Naturally, the activities in occupational therapy are as varied as

designed to strengthen muscles and measure stamina for the day when the patient returns to work.

In the gymnasium, patients are divided into groups with similar injuries to work on a comprehensive exercise program.

In one area of the gym, a strange, home-made table is used to test every muscle in a patient's body.

been deterioration. We have to put some stress on the muscles to produce any sort of physiological change."

The physiotherapy department is always an oasis of calm in a patient's day. The staff continue to work to strengthen muscles, but they also use a variety of procedures to reduce pain.

Sometimes, the results are amazing. One patient whose knee had been badly crushed by a barrel was given a new type of electrical current therapy. After ten days of the treatment, the pain vanished and never returned.

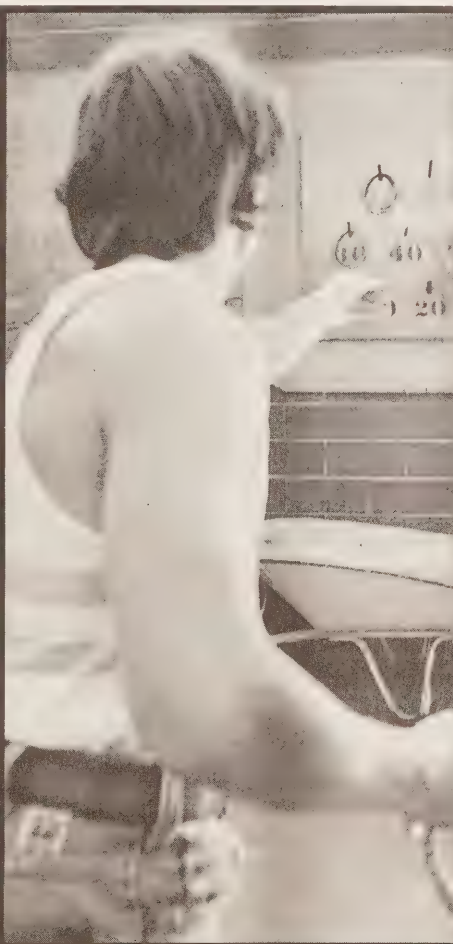
The staff at the H&RC don't discount the magic results that some patients experience. Joan Mesley, chief physiotherapist, talks about the mysterious "sugar pill" effect her staff encounter. "Sometimes, particularly with a new machine, we get absolutely tremendous results — far out of proportion to what we could predict. It seems that patients have so much faith in something new that it

of a psychological or social problem.

In an effort to identify all the obstacles to recovery, Dr. Ray Johnson, director of H&RC, and his staff have introduced a problem-oriented method of medical recording and treatment. An H&RC medical record does more than just detail a patient's diagnosis; it also lists all the problems a patient mentions. For example, a patient with a lower back injury may also complain of a pain in the knee. Another might be worried about his mortgage payment. Dr. Johnson comments, "All these problems can interfere with recovery because they affect the attitude of the

Dr. McCracken says that the team concept evolved gradually. "The admitting doctor used to be responsible for all facets of a patient's treatment. But we found that the physios, the OTs, and the gymnasts stopped the doctor in the corridor to talk about their patients. After a while, we just formalized the process."

Now the treatment teams meet every day to discuss their patients. Dr. Margaret Chisholm, a staff physician, describes the meetings as information-gathering sessions. "They're a chance for me to hear what a patient is doing in other areas of treatment. After all, I only see a patient for a short time each



will work, at least for a while, no matter what."

But there are disappointments too. Occasionally, a patient actually regresses at H&RC and muscle strength declines. Generally, it's the result of a problem in motivation. Perhaps the patient is not really trying to get better because

patient. We are trying to treat the whole person here, not just an isolated injury."

All of a patient's treatments are carefully monitored by members of a treatment team — a physician, a physiotherapist, an occupational therapist, a remedial gymnast, and a rehabilitation counsellor.

day; most of his time is spent with one of the therapists. So we exchange opinions on progress and work together to come to some conclusions."

For all patients, there are times of despair and frustration. One woman complains, "I used to be able to jog two miles a day. But the

other day I ran a few steps to get out of the rain and my legs just folded under me."

For some, there is the grim realization that the missing arm will never grow back or that the back pain will never completely vanish. Staff psychologists work with patients to help them cope with the injuries themselves, and with the effects that these injuries may have on all aspects of their lives. Many need encouragement to start anew rather than give up.

Often an important side effect of being at H&RC — contact with other patients — helps balance the despair. One patient commented, "Before I got here, I was feeling pretty sorry for myself. But when I saw that a lot of people were far worse off, it sort of helped cheer me up. I figure if they can manage, damn it, so can I."

While the patient works on physical recovery, wheels are already in motion to ensure vocational recovery as well. Rehab counsellor Ilse Bruce talks to her patients often. The first interview, just after a patient arrives in the hospital, covers all the background information — personal records, job infor-

mation, financial commitments, hobbies, skills, and anything else that might be important.

During the patient's stay, Bruce attends team meetings to hear about progress and relate that recovery to a possible return to work.

Sometimes Bruce negotiates with the pre-accident employer to allow a short period of light work before the return to the regular job. But in some cases, the injuries rule out the old occupation completely. Then, patients are given vocational testing and extensive counselling. When they leave the Centre, their case files are forwarded to rehab counsellors in the areas where they live.

For patients with particularly complicated injuries, a variety of clinics are available. There are two special programs for patients with back injuries — by far the most common type at H&RC. Another clinic works with every person who has had an amputation resulting from a work injury.

All the clinics help patients to cope with all aspects of their injuries. There are special exercises for the pain, discussions of the

psychological implications, and — most important of all — the knowledge that other people are sharing the same difficulties.

Although most of the people admitted to H&RC suffer from very complicated injuries, currently over 80 per cent are able to return to work immediately after discharge. This is an impressive record, especially considering that many of the patients have not responded well to medical treatment before their admission to H&RC. There is little doubt that the hard work of both staff and patients pays off.

But sometimes, the hard work gets an assist. Recently, one patient showed extraordinary improvement in a short time. Members of the treatment team were mystified, but his physiotherapist revealed that the patient wanted to leave hospital early to allow time to visit his girl friend before returning to work in northern Ontario.

The staff doesn't care what caused the improvement. It is enough that it happened. And if Cupid wants to help, he's more than welcome.



Somewhere out there someone could have helped . . . but nobody did.

Charlie Winters and Fred Ambrose (the names are fictitious) worked together operating a brake press in the same southern Ontario manufacturing plant for more than three years.

But recently the partnership broke up. One day, as they prepared to take a forming from their press, Charlie took a step sideways and hit the start button. The jaws of the press crashed down so quickly that Fred didn't have time to pull his hands out of the way.

No one knew why Charlie hit the button. Or why he had not set the safety lock that would have prevented such an accident.

However, a check of Charlie's work patterns might have provided a clue. It would have revealed an absentee rate far higher than the plant average, many of the absences occurring on Friday afternoons (especially on paydays) and on Mondays. If the check was sufficiently thorough it would have shown that Charlie had been involved in other "accidents" — again, more often than the average plant worker. His "spoiled work" record was high.

An investigation into Charlie's lifestyle would have revealed what several people already knew: Charlie was an alcoholic.

His was a classic case. He had been drinking heavily for years, especially on paynights and on weekends. Several of his fellow employees knew of the bottle he kept hidden in the washroom, the quick-sip trips during his shift, the few beers at noon.

How did Charlie get away with it? Why didn't somebody do something? The point is, they did. Charlie was the object — the victim, really — of the "Good Old Charlie" treatment, the cover-up syndrome. No one, including his foreman, wanted to blow the whistle. Charlie might lose his job.

So they covered. Someone punched the time clock for him when he was late. When his condition was too obvious, the foreman



sent him on obscure errands to a remote part of the plant. None of this helped Charlie, of course, and it left his partner, Fred, with two mangled hands.

With the help of his friends, Charlie had worked his way into the four to six per cent of the Ontario workforce who have an alcohol (and/or drug) problem so severe they are hazards to themselves and their fellow employees.

Legend has relegated the

alcoholic to the role of a skid row bum, flopping down for the night in a doorway and rising the next morning to panhandle the means of struggling through yet another day. Very few alcoholics actually hit this low-water mark of society's tides. The vast majority of them continue to function after a fashion, despite lateness, absences from the job, and mistakes. One thing they have going for them is impressive statistics.

Alcoholism costs Canadians an estimated \$1 billion a year. Absenteeism is the direct cause of more lost production in Canada than strikes, and alcoholism is one of the major causes of absenteeism. Alcoholics are absent from work two or three times the industrial average. Ontario has an estimated 300,000 alcoholics. A survey of 1000 civil servants taking early retirement showed that 432 had alcohol-related problems. The litany on the misuse of alcohol goes on and on, and each item is accompanied by figures bearing multiple zeroes. The facts and figures on alcoholism are always accompanied by superlatives.

Although we have used Charlie, a brake pressman, as a typical example, similar stories could be told of company presidents, sales managers, accountants...take your choice.

Alcohol is no respecter of person, title, or income level. It crosses all social and economic lines, all trades and professions. It cares not if its victim is male or female (one of every four alcoholics is female), or whether he or she is young or old.

The company president has more opportunity to cover up than a factory worker; business lunches and golf games offer ideal chances for a few extra drinks in an acceptable setting — and if he doesn't come back to the office after lunch, that's his prerogative. But to him just as certainly as it came to Charlie, will come a day of reckoning. What will he do? What did Charlie do?

Charlie, unfortunately, did not do very much. His wife was aware

he was drinking heavily. As a matter of fact, she made the Monday morning phone calls: "Charlie won't be in today. He's not feeling very well." But she didn't know what to do about it. His family and friends knew that something was wrong — few alcoholics can exist for long without dramatic changes in their lifestyles — but they were reluctant to mention it or to suggest treatment.

Charlie could have helped himself. He could have stopped drinking. Or he could have sought treatment. But this would have involved admitting he had a problem — that he was an alcoholic — and this he was unwilling to do. There is, of course, a stigma surrounding alcoholism and the person who has become addicted. To many people, alcoholism is synonymous with a lack of morality or intelligence. They do not realize that the use of the word "alcoholic" is in itself a move towards an understanding of this illness. Just a few decades ago, the person we now label an alcoholic was called a drunk. He got the treatment society felt he deserved: condemnation. His wife and children got sympathy.

So Charlie got no help. He kept on drinking and his physical dependence and his tolerance increased. Whatever the initial problem, or the weakness, or the insecurity, that triggered his drinking and his inability to handle alcohol, he had compounded it. He now was fighting the original problem plus the booze.

If Charlie had been just a little bit luckier in the employment sweepstakes, he might have received help. He might have been working for one of the ever-increasing number of Ontario companies that have a positive alcohol program for their employees — companies that not only recognize alcoholism as an illness but are willing, and even anxious, to do something about it. Working in conjunction with the unions, they are prepared to offer assistance to the alcoholic not only on humanitarian grounds, but also on the dollars-and-cents realization that training a worker, only to lose him later, is an expensive proposition.

The programs vary from company to company, as do the range of facilities offered. Some firms underwrite a complete treatment program, even to the point of paying the employee full wages while attending a hospital clinic.



Regardless of the type or extent of the program, the initiative must start with the employee admitting he is an alcoholic and needs help. This is imperative and a basic of any treatment. Without this admission, no help can be given. Charlie has to say, "O.K., it's been a long walk down the road and now I need a ride back." Then and only then can assistance be offered.

Charlie probably never realized it but, like a time bomb with a lighted fuse, another problem was ticking off the measure of his life. There was always the chance that some day his employer would learn

the full story of his drinking and would haul him up on the carpet. He would inevitably be told that if his work continued to be affected by his drinking habits, he would be fired. This would have been a lucky break for Charlie. The threat to

shape up or ship out is a very real one and Charlie might well have taken it seriously enough to cut down on his drinking or to stop altogether.

Companies with alcohol programs are not averse to using such constructive coercion, although they use it primarily to get employees into the program rather than as a treatment procedure.

The first step in planning such a program is to have the company's policy clearly outlined and make sure that all employees are aware of it. Then a network is established for referrals. All areas of the firm's

organization are involved: personnel officers, company doctors, nurses, union stewards, supervisory staff, social workers. Once the company has sold its employees on its program, it is a comparatively simple task to spot the alcoholic. In some firms the highest referral source is the alcoholic himself.

The rehabilitation treatment is always carried out at an outside facility—usually a local hospital—and involves the normal medical and psychological rehabilitation. The alcoholic's family must be involved, not only because they can lend moral support but because an average of four other people are directly affected by the individual's predicament, so they have a vested interest in his or her welfare.

Results are measured by varying yardsticks. Some companies ask for complete abstinence. Others will tolerate a fall from the wagon once or twice a year and still chalk

up a "cure". The recovery rate averages between 60 and 70 per cent, and some firms give the "failures" a second or even a third chance.



Alcoholism in the workplace is a problem of major proportions. This was underlined at a recent conference in Ottawa, sponsored by the Council of Safety Associations.

The conference, one of a series, was attended by delegates from government, industry, labour and community agencies. Speakers stressed the three R's—Recognition, Resources and Response. A recurring theme was that solutions *are* available. A major goal of these conferences is to stimulate the creation of more rehabilitation programs in industry.

The plan received the blessing of the labour delegates at the Ottawa conference. One union leader asked that companies set up the programs not as part of labour contracts but as co-operative efforts in humanitarianism between employees and management.

Certainly the problem must be solved. The results of not solving it can be measured in dollars and cents, and the figure is astronomical. But in terms of human suffering and heartbreak, the cost of permitting this blight to grow and spread is incalculable.

HELP!

Sometimes the cry is loud and clear. There is no mistaking the fact that someone needs assistance and is asking for it.

But sometimes the call is mute. The need is still there but we are not always aware of it until it is too late.

Both types of calls will be answered at the Workmen's Compensation Board under the new Alcohol and Drug Addiction Program. In an office located away from 2 Bloor East, to afford complete privacy for those seeking help, the program is now into its fifth month. Employee counsellor Ann McKeown is available on a part-time basis to work with WCB staff members.

Already the program has had an encouraging degree of acceptance. So far, about 20 WCB employees have taken advantage of the facility, and several have passed on referrals to other staff members.

McKeown stresses the fact that the service is not confined to alcohol and drug addiction but can encompass personal, health, and work-related problems.

The program is designed to assist both those who request help and those who are referred to the counsellor by their supervisors. Employees in this latter group need assistance although they will not always admit it; however, experts say, their actions and work patterns could be unconscious calls for aid.

As a matter of fact, their work patterns could trigger an awareness that something is wrong. Absenteeism, lateness, a slacking off in production—all of these could be indicators that a problem exists.

The prime goal of the program, of course, is to encourage employees with addictions or other serious problems to seek help before their difficulties reach major proportions.

Privacy, trust, and confidentiality are keynotes of the program. No record is kept on the personnel files of employees who

voluntarily seek help. The counsellor will not discuss a case with anyone else without the employee's consent.

Staff members who feel they may have alcohol or drug problems may make their own appointments with the employee counsellor. Supervisors who detect problems may advise employees to become involved in the program, and the guidelines also provide for mandatory referral if this is ever necessary. In such a case, a course of treatment would be outlined in a letter to the employee, who would be told that sticking to the program is a condition of employment.

Time off to attend the counselling sessions can be arranged in the normal manner. If hospital treatment is required, attendance credits may be used or, if an employee has no credits, UIC benefits may be available.

WCB officials say that every effort will be made to accommodate staff members who need help. "Something will be worked out" appears to be the name of the game, and the program has the full backing of the Corporate Board.

Vocational Rehabilitation *The Road Back*

Imagine you're a Greek-born construction worker living in London. Since you came to Canada 11 years ago you've worked hard, saved your money, and bought a nice little house for your family. But now, because of an accident at work, you can no longer lift heavy loads or bend easily. You don't have much education and you've been so busy earning a living that you haven't learned much English. You still have to earn a living, of course, but you can't go back to construction work. What are you going to do?

Imagine you're a chambermaid in a Toronto hotel. You, too, are an immigrant with not much knowledge of English. Your family needs your income as well as your husband's to make ends meet. But one day you twist your back while turning a mattress at the hotel, and you're in pain for several months. Eventually your doctor says you're ready to go back to work, but not the same kind of work. You can't think of any other other job that would be suitable for you. What are you going to do?

Imagine you're a 21-year-old miner in Sudbury. You're making good money and doing well at your job. You've just been married and you're on top of the world. There's no doubt in your mind that mining is going to be your life work — and in Sudbury it's the only game in town. But one day there's an underground explosion. You wake up in hospital three days later, the back of your skull smashed and a couple of discs in your back torn to pieces. You have a long period of treatment and recuperation ahead of you — and then what? What are you going to do?

A forced change of occupation is difficult for anyone, but it is even more disheartening for people like these three who, because of new physical limitations as well as lack of education, lack of marketable skills, or lack of English, find the possibilities severely limited. In a time of high unemployment, the options may be even fewer.

The Vocational Rehabilitation Division of the WCB exists to help people caught in this bind. Most of the Board's claimants return to their old jobs after recovering from their injuries. But some can no longer do the kind of work they did before their accidents. Other Ontario workers have to change their working situations because of over-exposure to dangerous industrial substances. Last year, more than 34,000 people were referred

to the Vocational Rehab Division for assistance.

Says John Wisocky, the division's executive director, "In recent years our task has been expanding. There's more awareness that assisting a person to get back to work is just as much a part of the compensation process as making sure he or she gets the best medical treatment and regular cheques to make up for lost pay."

The rehabilitation counsellors are the core of the Vocational Rehab Division. Their numbers have more than doubled — to the present 120 — in the last four years, and some still carry heavier caseloads than might be considered ideal. They work out of Head Office, the Hospital and Rehabilitation Centre, and the Board's 12



Executive director John Wisocky (left) chats with vocational rehabilitation counsellors Jose Pereira, Aurelia Dimskis, and Len Brown.

To Work

local offices throughout the province.

One rehab counsellor describes her role as "ambassador for the Board". She explains, "To many of our clients we *are* the Board. We go out and visit them in their homes, we deal with them face to face. We get to know them and they get to know and trust us."

And what do the rehab counsellors do to help their clients? Their assistance can take a number of forms. First of all, they try to help injured workers accept and adjust to their disabilities and take stock of their potential. "A man might have a hobby that he's enjoyed for years," says one counsellor. "He's never thought of it as a way to earn money — but it might just be the doorway to a new job, and it takes someone looking at it from a different point of view to help him see the possibilities."

Counsellors assist their clients in evaluating their physical and occupational abilities, coach them in job-hunting techniques, and help them decide what kinds of work they're best suited for. They keep in touch with employers in their local areas and are constantly on the lookout for job possibilities for their clients.

"Sometimes a worker simply doesn't know how to go about looking for a job," says a counsellor in northern Ontario. "He doesn't know any kind of work other than what he's been doing all his life, and the prospect of job-hunting is frightening. A little bit of support and encouragement really means a lot."

Rehab counsellors often arrange on-the-job training programs for injured workers who are eager to develop new skills. "We offer employers a good deal," says Wisocky. "The Board will pay the employee's full wages during the assessment period, and then a decreasing part of the wages as the person becomes more fully trained.

So the employer can't lose — he gets a fully trained employee at almost no cost."

Clients who show aptitude may be sponsored by the Board in educational upgrading programs, technical courses, and even college or university courses. "Higher education certainly isn't the answer in all cases," says Wisocky. "Our goal is to get the injured workers back to work in whatever kind of situation is best for them. Every case is an individual person, with special needs, special hopes, and special abilities. The job of our counsellors is to help each client find the best possible solution to his or her vocational problem."

other agencies — federal, provincial, and local. Their clients, like other people looking for work, register with Canada Manpower, and rehab counsellors keep in touch with Manpower counsellors about job possibilities. In the northern part of the province, the local offices of the Ministry of Northern Affairs provide work bases in outlying areas and act as message centres for the rehab counsellors. In Toronto, agencies such as the Jewish Vocational Service and COSTI — an Italian community and educational centre — co-operate with rehab counsellors in assisting clients to return to productive and satisfying work. Other



Carla Palumbi of the Ministry of Northern Affairs office in Sault Ste. Marie gives a message from a client to rehab counsellor Harry Melnek. Northern Affairs co-operates with the WCB throughout the northern part of the province, providing work bases in outlying areas and sending messages through a telex network.

"We're really not social workers," adds one counsellor. "We can't always help with *all* the problems a client might have. But we can and do refer clients to other agencies when that seems appropriate. Sometimes it's pretty frustrating — you can't separate the parts of a person into neat little categories."

Rehab counsellors maintain close relationships with many

organizations like Goodwill Industries also support the WCB's vocational rehabilitation programs.

The WCB's rehab counsellors have recently acquired some new back-up assistance: seven employment specialists have been appointed to contact potential employers of injured workers, to "sell" them on the advantages of coming to the WCB when they are looking for new employees. Says

Chuck Brownell, administrator of the employment services program, "These workers have been successfully employed before and they want to work again. All they need is a chance to prove themselves. And employers who have taken rehabilitated workers on staff have found that they make good employees."

The rehabilitation counsellors agree. "Most of our clients really want to get back to work as soon as they are physically ready. We find the odd one who, for whatever reasons, is reluctant to face the working world again — maybe they're afraid, or upset, or unsure of their own capabilities. But those are the exceptions. And it's our job to motivate them to help them realize that they can be productive workers again."

John Wisocky describes the rehabilitation counsellors as dedicated people. "It's a responsible job, and it's a real challenge. I know that most of our rehab counsellors get a great deal of satisfaction out of their work. Whenever a counsellor is successful in getting an injured person back to work, there's a tremendous sense of accomplishment."

And what is "success" to a rehab counsellor? Conversation with a group of young, able counsellors in the Toronto office elicits this response: "The best kind of closure of a client's file is when the worker is able to go back to the same employer, either doing the same work or in a modified job. That's the best, of course, because it doesn't disrupt the person's life as much as any other alternative."

"The next best thing is when we can help someone get a new job with a new employer. It's great when you see a client developing new skills and getting satisfaction out of new accomplishments."

"But sometimes you and the client — and the client's family — have to come to the conclusion that for whatever reason — physical, psychological or social — this person isn't going to work again. In cases like that, success is simply making sure the worker knows what financial and other assistance is available and helping him or her adjust to the realities of the situation. Those cases are the really tough ones, and we do everything we possibly can to assist these people."

And what about the three injured workers described at the beginning of the story? The first two are still on the active caseloads of their rehab counsellors, who are helping them cope with their problems and find suitable and satisfying work.

The third, the young miner, is Norm Tellier, now senior vocational rehab specialist in the WCB's Sudbury office. His accident happened in 1971. After Tellier had gone through an operation and much therapy to improve his back condition, his rehab counsellor arranged for some aptitude tests. His hunch that Tellier had greater than average potential proved right, and Tellier was encouraged to go back to school. He had only gone to grade nine, so first he finished high school; then he asked if the WCB would sponsor him through university. The Board agreed, and Tellier completed a bachelor of arts degree in social work, finishing a four-year course in three years. After graduation he was hired by the WCB, working first at Head Office and then moving on to be a rehab counsellor in Sudbury. His recent promotion underlines his success.

Tellier's accomplishments, of course, did not depend on being hired by the WCB. Given his drive and determination, he would no doubt have been successful in any other job he had tackled. Like other members of the Vocational Rehabilitation staff, Tellier stresses the two signals of successful rehabilitation: motivation and acceptance of the limitation caused by an injury. "If you face your situation squarely and you're determined to succeed, you'll do it," he says.

And what does the ex-miner think of the way his own life has gone during the past seven years?

"I have more job satisfaction than I ever would have had as a miner, and my lifestyle has changed tremendously — for the better. I have to live with the effects of my injury, but I can handle that. I guess I'm one of the lucky ones — that blast could have killed me."

Liz White (centre), rehab personnel director for Goodwill Industries in London, and technical instructor Rick Hill show WCB rehab counsellor Anne Jeffrey the small-appliance repair shop.



Three Counsellors: Getting The Job Done

Pat Lamanna came to Canada from Italy when he was seven years old. When he was ten, his father lost his arm in a work accident. Through the traumatic months that followed, Lamanna often interpreted for his father in his dealings with the WCB and other agencies. He had quickly learned English at school, but his father had not — like many new immigrants he had put his energies into earning a living for his family in their new country.

Now a rehabilitation counsellor working out of the WCB's Head Office, Lamanna comments, "It's really not surprising that people like my father don't learn English. A person can come here and live his whole life in his own language—he shops, he works with his own group. He even looks for jobs with his own group—he doesn't need English for an interview, he doesn't have to fill out application forms for something like construction work. He's totally isolated from the larger society, and the larger society allows it to happen."

"Sure, there are English classes, but when a man has been working on construction all day, he doesn't want to go to night school. It's not impossible, but it's difficult for him to learn English. Remember, we're talking about people with maybe a grade three or four education—they've come here for that dream world, to own a home and so on. Most have families to support, and they're willing to do hard physical work to earn the best money they can."

But Lamanna is well aware of what happens when such a man can no longer rely on the strength of his body to earn a living; the options may be few. "I think lack of the language is one of the major problems for the rehab counsellors in Metro. Maybe 40 per cent of our clients have little or no English."

Not surprisingly, Italian-speaking clients are often referred to Lamanna. Executive director John Wisocky says, "Ideally, we would have counsellors from all the major language groups in Ontario. It's not only a matter of language, it's also a matter of cultural understanding—and it would make our service more effective. Dialogue through a third party is never satisfactory. So we're definitely interested in recruiting counsellors of Italian, Greek, Portuguese and other backgrounds—provided, of course, that

they have the skills and attributes to make good counsellors."

Lamanna comments, "It certainly is easier for me to make sure that Italian-speaking clients understand what I'm saying, and that I understand their problems. But I'm at as much of a disadvantage as anyone else when I'm working with a non-English-speaking Greek client, for example."

Visiting one such client, Lamanna did his best to make the woman's young son feel comfortable and at ease; he asked the boy about his school and his vacation plans, and chatted with him in a friendly way.

"It's tough for a kid to act as an interpreter," Lamanna says. "I know what it's like—and it puts a pretty big load of responsibility on a child." But it's the only answer in some cases. For this woman, her son and her husband—who speaks English and goes with her to visit



Pat Lamanna leaves the WCB's Bloor St. office on his daily round of visits to clients.

possible employers and agencies like Canada Manpower — are her links with the community around her.

Pat Lamanna likes his job. "I was lucky to get out in the field as soon as I finished my training," he says. "It's really satisfying when you get people back to work."

Is it ever a depressing job? "Certain situations are depressing," Lamanna agrees. "Sometimes a client's problems are really overwhelming. Our main concerns are with the effects of the compensable injury — the person's entitlement and so on. But that's only part of a whole person, with a whole set of problems. And we've got to remember that — and do everything we can to help and counsel the whole person, and sometimes even the whole family."

Anne Jeffrey started out as a stenographer in the WCB's London office over three years ago. She moved on to more responsible jobs in the Claims Services Division, and last fall began training as a rehabilitation counsellor. Now she handles a caseload of about 55 people who need help in getting back to work.

"I really enjoy the work," she says. "You have freedom to move around and you meet a lot of interesting people. It's very absorbing—I often find myself thinking about my clients' problems on my own time." Jeffrey plans to return to her job after the birth of her first child, expected in October.

One client on Jeffrey's caseload is Anne Ventress, a sparkling woman in her mid-thirties who recently completed a three-month on-the-job training program and is now manager of a Goodwill Industries store in suburban London.

Ventress, a nurse's aide in a hospital for senior citizens, badly damaged her hip and lower back at work some time ago. She can no longer lift patients, so she had to find a new type of work. After one false start on an on-the-job training program that was mutually unsatisfactory to both Ventress and the employer, Jeffrey was able to place her client with Goodwill Industries.



Anne Ventress, now manager of a Goodwill Industries store in London, proudly shows her new domain to rehabilitation counsellor Anne Jeffrey.

This social service agency, operating in several Ontario centres, offers training in sheltered workshop settings for people with disabilities. Donations of clothing and household goods are recycled and sold to the public in retail stores.

Says Liz White, rehab personnel director of Goodwill's London operation, "We have a good working relationship with the WCB. We often take their clients into our workshops for assessment programs. And we're always open to considering them for staff positions. We always take the best person available—I won't hire someone for a staff position just because he or she is disabled, but all other things being equal, then I will take that person."

"We're very pleased with Anne Ventress. She handles our people well, she has beautiful rapport with her staff, and all the feedback we've heard is good. We've given her a raise already."

Anne Ventress beams when asked about her new job. "I love it!" she says. "I miss nursing, but what I'm doing now almost takes the place of it because I'm working with people."

Although Ventress had no retail experience before she started her training program, she has taken hold quickly. Her shop is tidy and attractive, decorated with artistic arrangements of plastic and dried flowers that she has created from donations. She shows visitors around her new domain with pleasure and pride, and her manner with her staff of disabled people is gentle and reassuring.

Anne Jeffrey says, "Anne Ventress has done it herself—all the credit goes to her." But Jeffrey speaks with a sense of pride in her own accomplishment. "It's really satisfying for a rehab counsellor to close out a file knowing the client has every chance for success in a new job."

Harry Melnek gets a pension cheque from the WCB every month. He gets it because in 1964, when he was working as a shift foreman in a mine in Wawa, he lost his left leg as a result of a work accident. Melnek also gets another kind of cheque from the WCB each week—a pay cheque for his work as a rehabilitation counsellor, working out of the WCB office in Sault Ste. Marie.

If it hadn't been for his accident, Melnek might or might not have remained a miner for the rest of his life—he had built and was operating a small hotel in Wawa even before the accident. But he probably wouldn't have graduated from university and he probably wouldn't now be helping other injured people get back into the work force after the patterns of their lives have been disrupted by accidents.

"Two things determine whether a person will be successfully rehabilitated," says Melnek. "First, he's got to accept his injury, and sometimes that's pretty hard to do. But his problem is there, and he's just got to come to terms with it before he can go on to something else. The other thing is motivation—if a guy is determined to succeed, there's not much limit to what he can do."

Asked how he coped with the loss of his leg, Melnek, a stocky, cheerful man in his forties, replied, "It took me a while. But I realized that my leg wasn't going to grow

back, so I just had to make the best of it. In a way, I think it's easier for amputees than it is for people with some other kinds of problems.

"If you've lost a leg or an arm, there isn't much question about it—it's gone, and that's all there is to it. But sometimes people with back injuries, for example, keep thinking that they'll get better, that in a little while they'll be able to go back to their old jobs and their sports and things like that. It often takes them longer to realize that their injuries are permanent, and sometimes they're pretty resentful."

Does Melnek himself ever feel resentful? "If there's anything that makes me angry, it's what I can't do because of the limb—the distance I can't walk, and so on."

There doesn't seem to be much that Harry Melnek can't do. He talked about swimming, boating, cutting down trees on his vacation property on St. Joseph's Island. He walks with a limp, of course, but he appears to move around easily.

Until recently, Melnek covered a very large territory as the only rehab counsellor working out of the Board's Soo office, driving thousands of miles each year. A few months ago Marlene Sawko came to the Soo from the Hamilton office, and the caseload has been split between them.

One file Melnek has turned over

to Sawko is that of Lorne Lafleur, a young man who worked as a shipper and receiver in a large lumber company. Late in 1976 Lafleur badly strained his back at work. He was on compensation for several months and then returned to his job. But moving piles of lumber around was too much for his damaged back and his doctor advised him to find another type of work. Lorne came to the WCB's Soo office for assistance.

"Lorne was determined to get back to work," says Melnek, "and he was out canvassing for work himself. Both he and I happened to talk to Bud Robinson of Travelade Motors, and we arranged an on-the-job training agreement for Lorne. Travelade has employed injured workers before and the company is enthusiastic about our program."

Lafleur is training as a clerk in the autobody shop and says he is pleased with the job. "My back still gives me trouble," he says, "but I can handle it here. I sit down when I have to, or get up and walk around when I have to—I don't have to stay in one position all the time."

So far, Lorne Lafleur is happy with his new work, Travelade is happy with its new employee, and Harry Melnek and Marlene Sawko are happy that another client is back on the path.

In Sault Ste. Marie, Lorne Lafleur talks enthusiastically about his new job at Travelade Motors to rehab counsellors Harry Melnek and Marlene Sawko.



SHORT TAKES

Canadian WCBs Look at Deafness Claims

The ten Canadian Workmen's Compensation Boards are looking into the possibility of establishing standard benefits and tests for industrial deafness claims, at the suggestion of Dr. Peter Alberti, the Ontario WCB's hearing consultant.

Dr. Alberti told the annual meeting of the Association of Canadian Workmen's Compensation Boards, held in St. John's, Newfoundland from July 31 to August 2, that it would be worthwhile to design national tests and benefits.

At the same meeting, the provincial Boards renewed reciprocal agreements to cover employers operating in more than one province. They also agreed on a cost-sharing program for claims of silicosis, asbestosis, and deafness involving more than one employer.

The Association talked about the extension of a statistics program designed by Statistics Canada as well. Al MacDonald, vice-chairman of administration for the Ontario Board, says, "We are looking at ways of keeping common accident figures. However, at the moment, only Ontario, Saskatchewan, and British Columbia are participating."

As the largest Board, Ontario plays a leading role in the annual conference, but MacDonald stresses, "We always learn from the other boards as well."

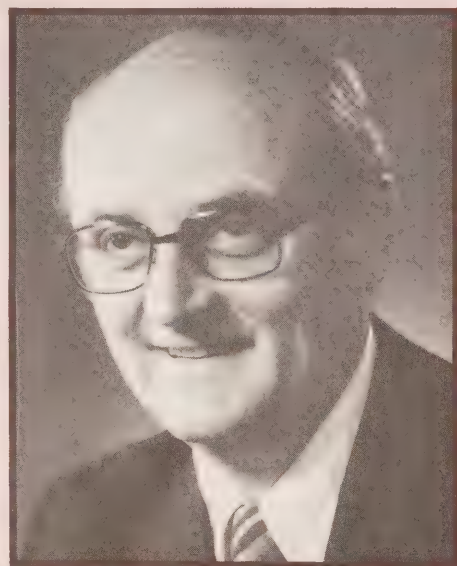
There are separate workshops for members from operating divisions, for corporate board members, and for the ten chairmen. Michael Starr says the chairmen

discuss general philosophy. "We look at various situations and compare notes on handling each."

For the first time, the Association also appointed an executive director. Ken Harding, former corporate secretary of the Ontario WCB, will work with president Adam S. Little of B.C. on projects of interest to all jurisdictions. He will also keep track of developments and reform movements in other compensation systems.

The executive directors of the Ontario WCB's operating divisions also attended the conference — William Kerr of Claims Services, Bob Brewerton of Financial Services, John Wisocky of Vocational Rehabilitation, and Dr. William McCracken of Medical Services.

New Minister of Labour Appointed



The minister of Labour — the only new member to be elevated to the cabinet in Premier William Davis' mid-August cabinet shuffle — is a man of formidable accomplishments. The Hon. Robert Goldwin Elgie is both a lawyer and a neurosurgeon.

After graduating from the University of Western Ontario, he attended Osgoode Hall Law School, receiving the Gold Key Award and the Legal Education Award. In 1954 he was called to the Ontario bar; the same year he entered the University of Ottawa Medical School. He graduated *cum laude* in 1959 and became a Fellow

of the Royal College of Surgeons in neurosurgery in 1966.

Dr. Elgie has held several teaching positions at Queen's University and the University of Toronto. He has been Chief of Medical Staff at Scarborough General Hospital, and is a member of several professional associations.

In 1977 Dr. Elgie followed his father's footsteps into the Ontario Legislature. Goldwin Corlett Elgie — also a QC — was the member for Woodbine from 1934 to 1938. Robert Elgie is the member for York East; before joining the cabinet he was parliamentary assistant to the Hon. Keith Norton, minister of Community and Social Services. Dr. Elgie has also served as chairman of the select committee studying various means of financing health care in the province.

What Do You Know?

Who is covered by the Workmen's Compensation Board? What should be done when an employee is hurt on the job? Who pays for Workmen's Compensation? Is an employee covered if his accident is caused by his own negligence?

Do the people of Ontario know the answers to these and other questions about compensation for injured workers? To find out, the Communications Division recently commissioned a public awareness survey.

"Information is the key to making the system work better — for injured workers, for employers, and for the Board itself," says Errol Weaver, executive director of Communications. "The compensation system is pretty complex and it's our business to make sure that people know what they need to know about it. If a person knows how to make a claim and what to expect from the Board, then the whole procedure will operate more smoothly and the Board will be able to give better service. Everyone will win."

"But first, we need to know what people *don't* know. And that's the purpose of the survey."

Respondents to the telephone

survey were a random sample of 625 people in major centres of the province. This is considered a statistically valid sample by those in the research field.

"A careful study of the survey results will help us develop detailed communications plans to respond to the identified needs," says Weaver. "Knowing just where the major information gaps are will put us in a better position to plug them."

This fall the WCB has launched a paid communications campaign in newspapers, radio, and television across the province. The short, simple ads are designed to get across to the public some of the most basic information about compensation. The survey results will determine the future direction of the campaign.

Increased WCB Benefits

Recent amendments to the Workmen's Compensation Act provided for increased benefits in certain areas. The amendments were effective July 1, 1978.

The highlights:

- * The ceiling on earnings covered has been increased to \$16,200.

- * Permanent total disability benefits remain at 75 per cent of earnings, with a minimum of \$444 a month effective July 1, 1976; \$480 as of July 1, 1977; and \$509 as of July 1, 1978.

- * The maximum benefit for temporary total disability is now \$233.66 a week, up from \$216.35. The minimum is \$115 or earnings, if less.

- * Fatal benefits and funeral cost benefits have each been increased to \$800.

- * The compensation for a dependant spouse has been increased to \$318 a month effective July 1, 1976; to \$344 as of July 1, 1977; and to \$365 effective July 1, 1978.

- * Effective July 1, 1976, benefits for dependant children are increased to \$86 a month, with further increases to \$93 and \$99 as of July 1, 1977, and July 1, 1978.

- * Dependant orphans are to receive \$98 a month effective July 1, 1976; \$106 effective July 1, 1977; and \$113 effective July 1, 1978.

- * Benefits to other dependants continue to be based on financial loss as determined by the Board but will not exceed \$318 a month effective July 1, 1976; \$344 as of July 1, 1977; and \$365 effective July 1, 1978.

- * The clothing allowance for those who wear an artificial leg or permanent back or leg brace is increased to \$219 a year. The allowance for those who wear an artificial arm goes up to \$110 a year.

A brochure outlining the new benefits in detail is available from the Communications Division.

Dr. Chovil Returns to WCB

"There's no doubt that smoking greatly increases the likelihood of developing occupational lung cancer." So says Dr. Alan Chovil, the WCB's industrial medicine consultant. Dr. Chovil came to that conclusion after extensive research for a paper on smoking and occupational lung cancer, part of his work towards a master's degree in Public Health.

Dr. Chovil took a year off from his job at the WCB to study at the University of California in Berkeley. He specialized in environmental health science and epidemiology, the study of the distribution of disease.



Prior to his sabbatical, Dr. Chovil was medical consultant in the Board's permanent disability section. He now plans to do research and statistics counselling to enable the WCB to gather facts that might help prove or disprove cause-and-effect relationships between diseases and occupations.

"I'll look at how we can get the facts and how we can make them useful. For example, what disease is most common to particular workers? What person within an industry is most susceptible to a disease? After all, the major emphasis of the Medical Branch should be on prevention."

During his sabbatical, Dr. Chovil also visited the offices of the California WCB. "It's quite different. They employ 150 lawyers and only three doctors."

While in Berkeley, Dr. Chovil also wrote occupational health exams and received certification from the American Board of Preventive Medicine.

WCB Annual Report, 1977

Fascinated by facts and figures?

Here are a few items taken from the WCB Annual Report, 1977. While statistics alone are not a proper measure by which to gauge the efficiency of our operation, these figures give some indication of the scope, size, and many facets of the Board's work.

Last year, the WCB:

- * Processed 1,700 claims each working day—a total of 423,767 for the year. This is a decrease of 10,000 from the 1976 total.

- * Collected \$524.7 million (up \$72 million from the previous year) in assessments from 150,000 employers.

- * Covered 2,500,000 workers in the province who earned an estimated \$27.1 billion, an increase of \$2 billion over 1976.

- * Paid out \$372 million in medical aid, compensation, rehabilitation and pensions. The 1976 total: \$360 million.

- * Treated 7,300 patients at the Hospital and Rehabilitation Centre at Downsview—an increase of six per cent over 1976.

- * Received 4,218,000 pieces of mail and processed 5,177,000 pieces of outgoing mail.

- * Processed an average of 4,900 compensation and pension cheques each working day.

Copies of the Annual Report are available on request from the Communications Division.



Is the WCB a Mystery?

The London Free Press, on July 26, quoted a senior WCB employee as saying that critics who think workmen's compensation is an adversary system are a "vociferous minority" who talk "hogwash". This comment was triggered by the latest in a rash of negative press stories that have sometimes made Board staff feel like ducks on the first day of the hunting season.

Perhaps this statement to the *Free Press* is true. Maybe critics of the Board do talk "hogwash" — at least some of the time. After all, do they really know what they are talking about, or do they just mimic the vagaries of rumour and opinion?

Some apparently believe the Board is reluctant to provide information to people who need it and, in fact, may hide things from prying eyes.

An earlier story in the *Free Press* — two days prior to the one mentioned above — gave the impression that the Board is secretive, deliberately keeping information buried beneath a heap of red tape. In a day when public service agencies are truly public, in the era of dig-deep journalism, common sense alone ought to verify claims of "hogwash".

The Hamilton Spectator, in an editorial on July 31, supports freedom of information but nonetheless suggests that the Board is

doing a pretty fair job: "The WCB is one of Ontario's most useful and efficient agencies, and the security it offers injured workers is envied by labour groups around the world." The *Spec* then adds, "However, the WCB has never been noted for its ability or willingness to explain itself, and this frequently results in bad publicity for the board."

The most recent chorus of disapproval began when Arthur Maloney, Ontario's recently retired Ombudsman, tabled his last report. His experience with the WCB led him to suggest that more information be made available, especially to the injured workers themselves, so that Board policies and reasons behind their decisions become clearer. His report says, "*The Workmen's Compensation Act* is a particularly 'skeletal' statute in that it confers a great deal of discretion in the disposition of claimants' cases on the Board. However, the Board does not publish either its adjudicative policies or its past decisions."

The WCB works day to day, and case by case, with what has been referred to as "operative law" — not legislated, but devised by the Board as the most practical and fair interpretation of the Act set out by the Legislature to govern Board policy.

But it is stretching things to say, as some have, that Maloney is accusing the Board of keeping secrets from the injured workers of Ontario. He says, "Officials at the Board have on numerous occasions taken a great deal of time to explain to our investigators the policy of the Board or, where possible, have provided our Office with written statements outlining Board policy.... However, I am concerned that the information which our office is able to obtain is not made available in any organized fashion to those persons and groups who are most affected by or interested in it, namely claimants before the Board and their representatives." The Ombudsman's concern is that ignorance of this information may place unnecessary barriers between the

injured worker and the benefits to which he or she is entitled.

He therefore recommends that the Board publish all manuals and policies, as well as appeal board decisions and the reasons for them.

WCB Chairman Michael Starr has gone on record saying that WCB guidelines for adjudicating claims are so specialized that it makes little sense to release them for public consumption. Most people would not be interested, and anyone involved in filing a claim with the Board has access to the required information. The Board provides a statement of policy to any appropriate inquirer on request. But very few inquiries of this kind are received — and those that do come are usually from such people as lawyers, doctors, and political and union representatives.

As for appeal board decisions, these do not depend on precedent. In fact, the WCB has a legislated obligation to judge each case on its own merits. The WCB in British Columbia, which does publish its appeal decisions, has a different administrative set-up. Furthermore, documents in B.C. are only available by subscription at a cost of \$40 per year. The Ontario Board has not had enough requests to warrant publication of such documents in this province.

Editorial remarks in newspapers have mostly indicated public frustration. The *Free Press* cites a "history of complaints" against the Board, and recommends that the WCB deal more openly with the public. Some publications have expressed greater frustration than this, and have stated their positions in stronger terms.

Light can be shed on any mystery by a clear-headed evaluation of the facts. In this case not all the facts were revealed. The media have the opportunity, not always accepted, to report all the angles, to provide an unobscured view of a controversial and difficult situation.

SAFETY LINES

The safety column this month comes from the Transportation Safety Association of Ontario. It was prepared by Mike Holmes, coordinator of research and development for the Association.

It's Our Choice

In the last few years, accident prevention, safety, and loss control have received increasing public attention in Ontario. One reason for this is a growing social conscience; another major reason is the high cost of accidents.

Machinery and equipment have been redesigned to make them "safer", and new laws dealing with safety in the workplace have been passed. The Ministry of Labour sends inspectors throughout Ontario to ensure that the Industrial Safety Act is obeyed. Local fire departments inspect premises to ensure compliance with regulations. The Ministry of Transportation and Communications tests vehicles to ensure that they are roadworthy. Manufacturers are monitored and advised by organizations such as the Canadian Standards Association and consumer groups (à la Ralph Nader). Unions demand safe working environments for their members. The high cost of industrial accidents has caused employers to hire safety experts to help

them resolve this problem. The Safety Associations and other organizations have devoted large amounts of money and time to the development of educational programs for both employers and employees. A wealth of information has been compiled in volumes of literature.

Despite all this awareness, legislation, inspection, and education, the frequency of accidents in all industries throughout the province has risen. In 1964, WCB statistics showed there were 25.4 compensation cases for every million man-hours worked; in 1976 the figure was 29.7. The frequency average over those 13 years was 27.3. If there is one thing this shows, it is that our present mass approach to accident prevention does not work; at best it holds the line.

People seem to get hurt in spite of themselves. This is reflected in attitudes towards safety belts: we know they save lives and prevent serious injuries, but many refuse to wear them, even when the law makes the wearing of seat belts mandatory. Unfortunately, we seem to accept what is happening as a trend of the times, over which we have no control. However, there is a control—individual control. Each person has to accept responsibility for his own well-being. Well-being includes not only physical and mental health, but also freedom from injuries caused by industrial accidents.

The medical profession tells us to look after our physical health: "Don't overeat," "Watch your diet," "Get plenty of exercise." We are told that following this advice will keep our muscles toned and protect our hearts. Dentists tell us

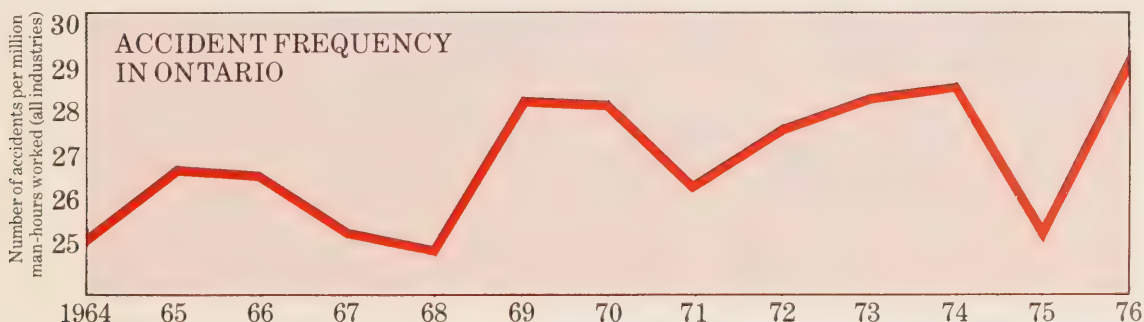
that, to prevent tooth decay, we must brush our teeth and have them checked regularly. Psychiatrists warn us about stress that can affect our mental health. We have been told again and again by the media that excessive drinking and smoking can be dangerous to our health.

All of these warnings concerning our personal well-being are just that — warnings, good advice. We do not legislate control, nor are there any enforcement bodies. Some people heed these warnings and apply the proper solutions. Others do not. Do we feel sorry for those who neglect their teeth and have cavities or lose them? No, we feel that they had a choice and should be prepared to accept the consequences of their choice.

In the industrial world, many are injured because they neglect the rules. They fail to use the personal protective equipment necessary for the job, or they commit errors as a result of inattention to the job.

When workers are injured on the job we sometimes ignore the causes. We compensate them as we do those who are injured through no fault of their own. The social climate of our times allows a system of irresponsibility that does not hold people individually responsible for their actions. We have supposedly become mature adults, yet many want to be led by the hand. "You look after me," they say.

Perhaps we should ask ourselves whether we as individuals have adopted a death-wish attitude or whether we will accept individual responsibility to see that we do our jobs the right way. If each of us does the job right, it will also be done safely and a reduction in accidents will become a reality.



In spite of legislation, inspection, education, and growing public awareness, there has been no improvement in the Ontario accident record in a 13-year period.



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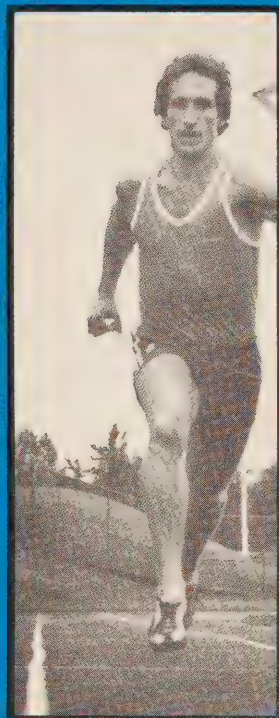


Workmen's
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Winter 1978

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WCB Report



This man

is going

places...

Fast

In this issue . . .

What was your first reaction when you saw the photo on the cover of this magazine? Some of the people we showed it to before publication felt distinctly uncomfortable when they looked at it. Others seemed somehow embarrassed. One person was clearly upset by the photo. A few people thought we shouldn't use it at all — and especially not on the cover.

Other reactions were admiration ("That guy sure has determination." "He really has a great body!"), curiosity ("What happened to him?" "Why isn't he wearing an artificial arm?"), or simple interest ("Who is he?" "Is he running in competition?").

Dan Leonard, the man in the photo, would probably prefer that last reaction. The people who asked those questions might well have asked the same questions about any picture of a man running on a track. The fact that Leonard doesn't have a left arm isn't the most important thing about him. Of much more significance — and the reason his story is in the magazine — is the fact that he's an interesting human being, doing interesting things. True, we found out about him because he lost his arm in a work accident and therefore became a WCB claimant. But

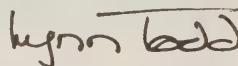
we chose to make him the subject of a story because of his accomplishments, not because of his disability.

The point of all this is that people sometimes make things more difficult for those with disabilities by focussing on their handicaps, or by ignoring them altogether. We either avoid looking at someone with a facial deformity, for instance, or we tend to stare at the deformity and lose sight of the person. We design public buildings, transportation systems, and washroom facilities so they are inaccessible to people in wheelchairs. Employers are reluctant to hire handicapped workers, perhaps assuming that they can't do the job or that their presence in the workplace might create physical or personnel problems. In social situations, people with disabilities may either be avoided or treated with extreme solicitousness.

The slogan of a current advertising campaign sponsored by the Canadian Rehabilitation Council for the Disabled and Health and Welfare Canada is: *Our attitude towards the disabled can be their biggest handicap.* One of the ads suggests that, if you have any negative attitudes towards the disabled, there's no point in feeling guilty about it. "Given our back-

grounds and our society," the ad reads, "it's almost predictable that most of us would not feel totally open and free in our attitudes towards the disabled. But that's not to say we can't change. Or don't want to change."

So, when you read Dan Leonard's story, beginning on page 3, and look at the pictures of him in action, check out your own attitudes. Leonard's attitude towards his disability is quite matter-of-fact. How about yours?



Lynn Todd, Editor

WCB Report

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Cover: Dan Leonard, whose story begins on the page opposite, keeps in practice on a high-school track. Leonard won six gold medals at the Canadian Games for the Physically Disabled, held in St. John's, Newfoundland, last summer.

The Dan Leonard Story

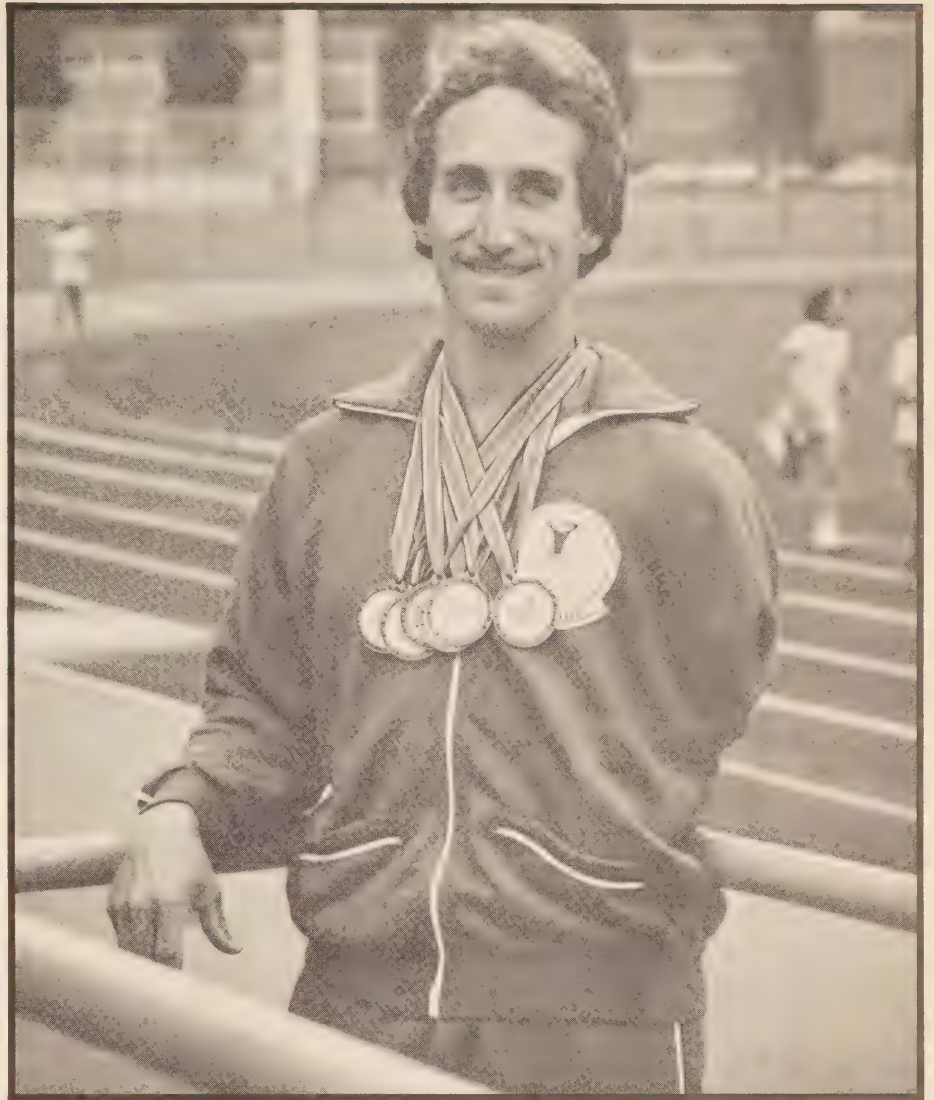
Last summer, Dan Leonard won three gold medals in a provincial track meet and followed up with six more in national competition. He set Canadian records in almost every event and, in one, a world mark. Looking at his achievements, it's easy to forget that he lost his left arm in a work accident.

On first meeting, Dan Leonard's appearance comes as bit of a surprise. A person who has been on his own since he was 17, who has been married and divorced, and who has suffered a serious accident that cost him an arm, might be expected to look old for his age. But, if anything, Leonard seems younger than 24. His enthusiasm for life is undiminished and there isn't a trace of bitterness about what some would consider the raw deal life has handed him.

Leonard was injured in May 1977 and, like far too many industrial accidents, his was unnecessary. An electric-eye safety device that would have made his accident impossible was in storage, waiting for an auspicious moment for installation.

Dan Leonard recalls the day of his accident vividly. He had been doing piece work at the company for six weeks and had just been switched to a punch press. No one had yet found time to train him on the intricacies of the machine.

The Friday afternoon shift didn't start well. The press refused to eject parts and jammed repeatedly. Leonard recalls, "In two hours, I had the foreman over three times to show him the problem. He told me to continue working until they could figure something out."



The fourth time the machine jammed, Leonard followed the same procedure he had used before. He carefully moved the foot pedal that tripped the press out of the way, removed his hands from the safety harness, and tried to clear the parts.

"This particular time, I tried to reach in with my right hand but I couldn't get the parts. So, I stretched and reached in with my left arm. I even had my head in there for a minute. Somehow the machine tripped."

The punch press came down on Leonard's left arm with 400 tons of pressure. "It was totally unreal. I knew what had happened but I just couldn't believe it had happened to

me. It's funny what goes through your mind — I immediately thought of the basketball game I was supposed to play the next day."

Doctors amputated what was left of his arm above the elbow. A little over a week later, he was admitted to the WCB's Hospital and Rehabilitation Centre in Downsview to begin the recovery process.

As well as being fitted for an artificial arm, Leonard exercised and learned to do familiar activities again. "Balance was my biggest worry initially. I remember getting on a bicycle a few weeks after the accident and thinking to myself, 'Will I stay on or will it be like learning to ride all over again?'"

During his stays at H & RC, Leonard discussed his future with a vocational rehabilitation counsellor. Understandably, he was reluctant to return to a factory situation. After some testing and discussions, the WCB agreed to send him to university. Under this arrangement, tuition and books are paid for by the WCB and Leonard's disability pension is supplemented with a living allowance.

Leonard had little difficulty deciding what course to take. "I think it was the old thing — every high school kid who likes sports and likes his phys ed teacher wants the same kind of job."

And Dan Leonard isn't the type to let an amputation keep him from achieving his goals. He persuaded his H & RC doctor to release him a few days earlier than scheduled so he could register in the physical education course at the University of Western Ontario. He recalls that he was a bit worried. He hadn't attended full-time classes for five years. "But I wanted to get busy again. Time was starting to drag, just doing nothing. I wanted to do something constructive so I could feel my life was worthwhile again."

Naturally, Leonard had some concern about how the other students

would accept him. "The first day I was apprehensive, wondering how people would treat me. I can remember the first phys ed class. I was out there in a T-shirt and shorts. People were surprised. They didn't intend to stare but there was a lot of curiosity."

Leonard doesn't wear his artificial arm for athletic activities. "I'm afraid I'd fall and hurt myself on it," he says. "But there are times when it comes in handy. In biology lab, when we were dissecting cats, I could use the hook to pull back things I didn't want to get my hand into. It was great."

Keeping in top physical condition was easy for Leonard and, after a few months, the school work came more easily too. The WCB's London office helped with more than the finances. "They typed my essays for me. I had to get them to the office a couple of days early. But that was good too because it gave me the push to do the work right away instead of leaving it till the last moment."

Gail Wren, Leonard's rehab counsellor in London, says that typing service is not a regular WCB offering but adds, "We knew he wouldn't be able to type essays himself and it

saved him having to pay for a typing service."

By Christmas, Leonard had his academic work well under control and was ready to find new worlds to conquer. He contacted John Gibson, president of both the Ontario and Canadian Amputee Sports Associations. Leonard had heard of the Olympiad for the Physically Disabled before he was injured and, while at H & RC, he had read bulletins about an Ontario competition for amputees, wheelchair athletes, and the blind.

Always on the lookout for new talent, Gibson was delighted to hear from him and suggested that he enter as many events as possible in the regional meet. Leonard tried five events — the 50-metre freestyle swim, the 50-metre backstroke, the discus, and the 100- and 200-metre sprints. He did very well and decided to go on to the next competition.

At the Ontario games in Windsor, he entered the same five events and won them all. But he refused to take three of the medals because there wasn't enough competition. "I felt that unless I established a new record I couldn't take a medal just for being in the event. You should have to work for them," he explains.

The highlight of the summer for



disabled athletes is the Canadian Games for the Physically Disabled, held this year in St. John's, Newfoundland. Gibson asked Leonard to try the pentathlon in that competition. He was delighted. "I had always hoped to do that kind of event before I lost my arm. I really think that is one of the best measures of athletic excellence — how much you can do in a limited period of time and how well you can do it."

Just as he expected, he enjoyed competing in the pentathlon. "It was a tough event, but it was such a great feeling."

The event, run over two days, includes the shotput, the long jump, air-pistol shooting, the 100-metre sprint, and the 100-metre swim. Dan Leonard's efforts in Newfoundland paid off: he won the gold medal for the pentathlon.

At the national games, as in all meets for the disabled, athletes are divided into groups of people with similar disabilities. This means that results are measured against athletes with the same sort of handicap. However, most events include people from many classes, so competition is increased. Leonard competed against a leg amputee in the discus, and a bilateral arm amputee in the sprint.

Leonard came home from Newfoundland with six gold medals, winning every event he entered. In addition, he bettered all his own past performances.

His greatest thrill came in the discus throw. He broke the world record for his class by almost two metres. "It was the sort of thing that you've worked and worked towards and you do it one more time and everything just comes together at the right time. It's such a perfect feeling."

Dan Leonard's athletic future looks bright. There's an international meet for disabled athletes in England next summer and Gibson feels he has a good chance of making the Canadian team. If he does well in England, Leonard hopes to go to the International Olympics for the Disabled in Holland in 1980.

Leonard has to resist the temptation to measure his achievements against able-bodied athletes. "Competition isn't really against what the able-bodied can do as much as what you can do for yourself — the satisfaction of knowing you've done your best," he explains. "I love to win, but I don't mind losing as long as I've done my personal best."

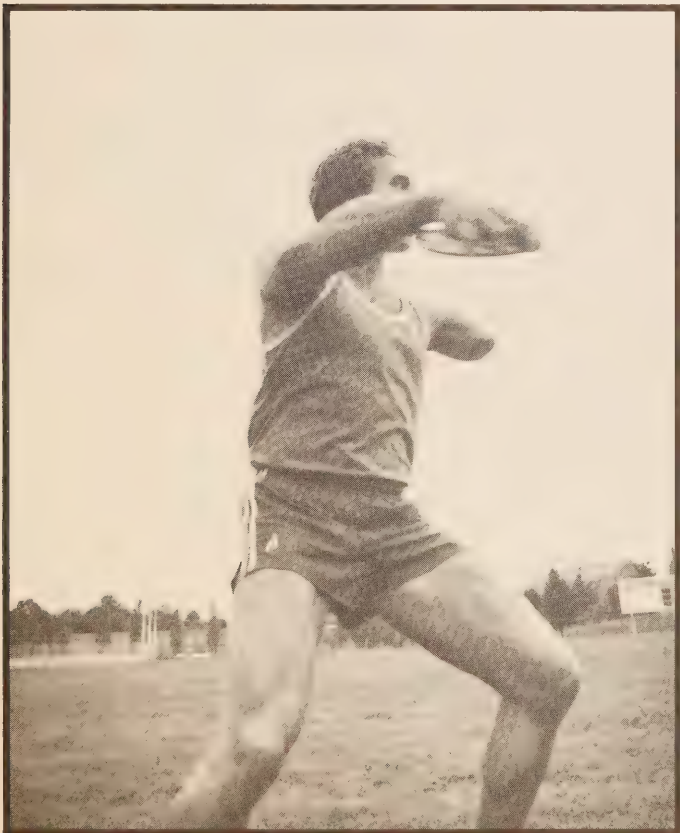
Between meets this summer,

Leonard arranged to transfer to the University of Alberta where he's enrolled in a course in Adaptive Physical Education. He says, "The school brings people with physical problems in and the students make up fitness or recreation programs for them — something to get them physically active."

The course will train Leonard for the future he has chosen, coaching disabled athletes. "you can get so much satisfaction out of helping your fellow athletes. I can see how a coach can receive a great reward out of bringing people along, marking their improvement, knowing he's had a hand in getting an athlete there. You can't do it for them but you can help."

Gail Wren, Leonard's rehab counsellor, expects he will be good at coaching. She recalls an incident at the regional games where he competed. "The weather was dreadful and a lot of the other athletes were discouraged and ready to quit. But Dan managed to persuade those aching, tired people to maintain their zest for competition."

And the fact that Leonard has been there himself will certainly inspire other disabled athletes to give the little bit extra that means success.



A fair and just hearing

The WCB appeals system is designed to make sure the injured worker's rights are fully protected.

There are no Perry Mason dramas at a WCB appeals hearing — no fiery cross-examination to confuse, no barrage of questions to intimidate someone who has disagreed with a Board decision.

On the contrary, every effort is made to give the hearings a deliberate mix of the formal and the informal.

The atmosphere comes as a surprise to many appellants who are not sure exactly what to expect but certainly don't anticipate a "Now, Mr. Jones, you just tell us in your own

words" With this kind of an opening, there is an almost visible relaxation as the hearing proceeds.

A recent "Mr. Jones" did not agree with the WCB's decision to deny his claim that his sore back was caused by his job as a bus driver. So he appealed the decision. Last year there were some 3,800 appeals received, an astonishingly small number when you consider that last year the WCB received 424,000 work accident claims. (No direct claim: appeal ratio can be compiled as there is no time limit on when an appeal may be filed. An appeal launched in 1978 could have resulted from an accident claim several years old.)

Before his hearing was scheduled, Mr. Jones' file had been carefully scrutinized by appeals administrators to make sure it contained everything that might affect the decision — medical reports, medical history, dates, job history, statements, comments of claims personnel, and many other bits and pieces of information.

If something is missing or a question remains unanswered, an appeals administrator will get this information before proceeding. A summary

of the information is given on request to both the employee and employer before the hearing.

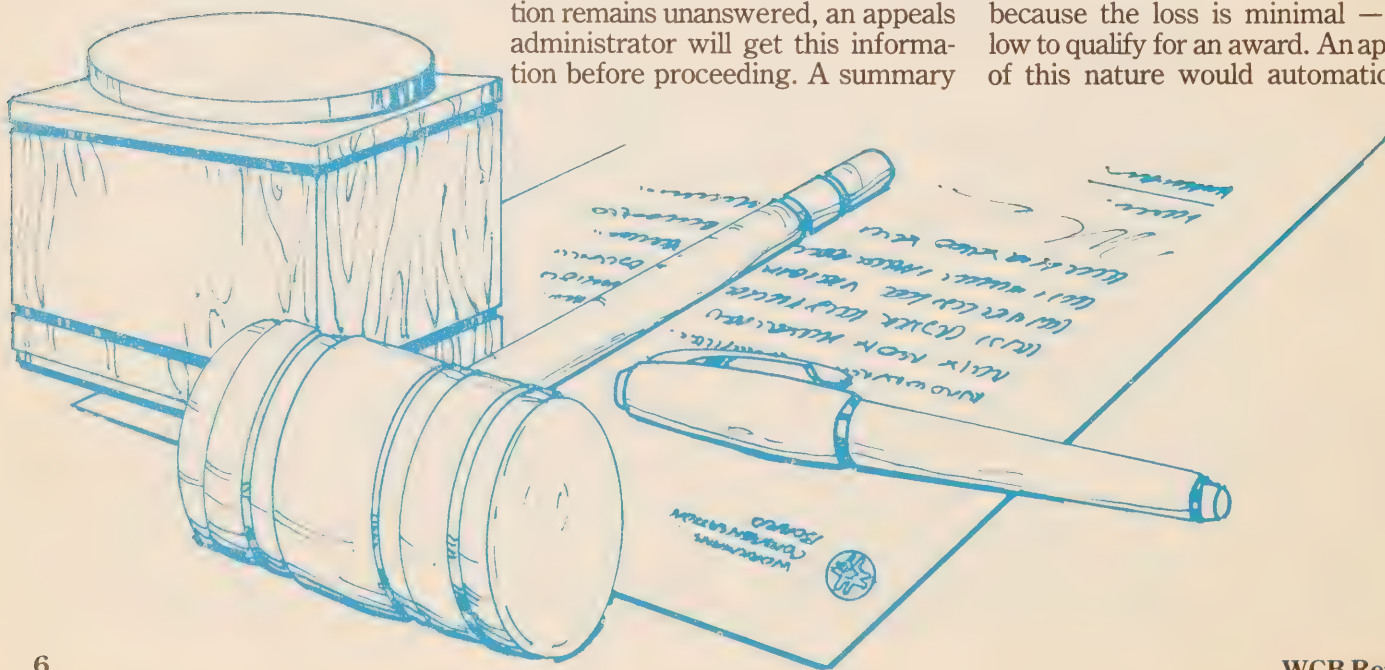
This is all part of a unique fail-safe system designed to ensure the fullest protection of the appellant's rights and to guarantee a fair and just hearing.

The preparation of a complete file is just the first step. Probably no other governmental appeals procedures match those of the WCB in offering so many safeguards to appellants. On paper the process is simple, but its checks and counter-checks weigh the scales in favour of injured workers with legitimate complaints.

A two-level system

Appeals are processed through a potential two-level system. First, an appeal goes to one of the Board's 14 appeals adjudicators, who settle 80 per cent of all appeal cases. An adjudicator may make a decision based on a review of the file only, or may hear the appeal, sitting as a one-person tribunal. If the adjudicator denies the appeal, the appellant may proceed to an Appeal Board of three commissioners.

Some appeals — including those where the initial decision was based on WCB policy — go directly to the Appeal Board: only an Appeal Board can overturn policy decisions. Consider, for instance, a claim for permanent disability because of hearing loss. The claim has been rejected because the loss is minimal — too low to qualify for an award. An appeal of this nature would automatically



be handled by the Appeal Board rather than an adjudicator.

The Appeal Board would also hear a case where the facts are not in dispute and where no further benefits would be derived by holding an adjudicator's hearing.

There is one more step in the system, which has been inserted to guarantee fairness to the injured employee. Although an appeals adjudicator may decide to send an appeal directly to an Appeal Board, the appellant can request that an adjudicator's hearing be held first. If the adjudicator rules in the appellant's favour, the Appeal Board hearing, of course, becomes unnecessary. But even if the adjudicator denies the appeal, the appellant will have the opportunity to examine the line of questioning as well as the decision and, consequently, will be able to present a stronger case when the appeal does go before an Appeal Board.

The Appeal Board's decision is final unless the hearing has been improperly conducted, an obvious error has occurred, or some new evidence has become available. In these cases, written requests for reconsideration may be forwarded to the Registrar of Appeals.

An Appeal Board has absolute authority when ruling on WCB policies or decisions. A Board may, under the Act, reconsider, amend, or revoke any previous decision. It may summons any person to give evidence and may receive and weigh any evidence — even evidence that would not be acceptable in a court of law. Even written submissions are accepted.

Board decision final

The decision of an Appeal Board is final and cannot be appealed to a court of law. Although this might appear to be an autocratic system, its legitimacy is buried in history. Before the Workmen's Compensation Act came into effect in 1915, the hypothetical Mr. Jones might have had to resort to legal action to obtain damages from the employer. The employer could have escaped liability for any number of reasons, including a proven negligence on the part of

Jones. In that case, Jones not only would have lost but would also have been faced with legal costs. If the employer lost, the damages could bankrupt his firm.

To avoid these no-win situations, the Act was designed to provide fair and just hearings to injured employees without the expense of lengthy legal proceedings.

Certainly the current system is fair, although this might be argued by those who have had their appeals denied. The appeals system must operate within the structure of the Act, but the appellant receives the benefit of the doubt.

However, all compensation and operating expenses come from assessments levied on employers. Their rights, too, must be respected, and the annual assessment rates must be kept as low as possible. As a matter of fact, maximum compensation rates are laid down by the Legislature and cannot be exceeded by Board decisions.

In a recent ruling of the California WCB, a pizza parlour cook who had suffered a back injury was not only awarded compensation but was also granted \$15,000 damages to install a swimming pool for therapeutic treatment. A ruling such as this could never happen under the Ontario system.

... Meanwhile, back in a hearing room at the WCB Head Office, our Mr. Jones is telling his story to the adjudicator. He and his witnesses have been sworn in and have described in detail the work he does and how the accident occurred. Step by step the adjudicator leads Mr. Jones through the material in his file. As his representative, he has chosen his union president, who has often done this job before and is familiar with the hearing procedures. He presents a neat, articulate summation of the case at the conclusion of the evidence.

Special services for appellants

The appellant could have chosen a Workmen's Advisor to represent him. This, again, is a service unique to the WCB. The three Workmen's Advisors, paid by the WCB to assist appellants in preparing their appeals

and to help them at the hearings, have expert knowledge of the Act and the compensation system. Their one duty is to help the injured employee. They function at arm's length from the Appeal Boards and report directly to the WCB vice-chairman of administration.

If requested by an appellant, the WCB will also provide an interpreter in any language for the hearing.

As an additional convenience for appellants living outside Metro Toronto, Appeal Board hearings are now scheduled in several other centres throughout the province.

While an adjudicator is hearing the Jones case, in another hearing room three commissioners acting as an Appeal Board listen as another appellant presents a case.

The atmosphere is set by the chairman — some are less austere than others, but the same air of courtesy pervades each hearing. As in the adjudicators' hearings, the Appeal Board develops evidence, probing the medical and work history of the appellant, questioning witnesses, checking facts and dates.

Finally the appellant is asked "Is there anything you would like to add?" The hearing is over. A moderately complicated case can be dealt with in 40 minutes. Others take much longer, while one recent appeal was adjourned for a third medical opinion after only nine minutes. In each case, however, the Appeal Board takes the time to thoroughly air all the pertinent details.

While most of those entering appeals are injured employees, the appeal system is also open to others. Employers may appeal a decision regarding their employees or they may request a review of their assessment rate. They may also appeal assessment penalties set by the WCB. Doctors may appeal decisions on fees charged on WCB claims.

The Jones appeal has also been concluded with a "Thank you, Mr. Jones, you'll be hearing from us." The decision, and an outline of the reasons for it, will be given in about two weeks unless, as often happens, the Appeal Board requests further information.

Whether or not Mr. Jones will agree with the decision when it comes, he has had his day "in court."

Learning the FACTS of LIFE

What Canadian film has sold more copies than any other? *Outrageous? Why Shoot the Teacher? Who Has Seen the Wind?* Wrong! A 90-minute epic, complete with judicious doses of blood and gore, is the champion, with more than 1,000 prints sold and in constant use throughout Canada and in other countries.

This all-time Canadian best-selling film is the centrepiece of a new St. John Ambulance multi-media first-aid training program called Learn Industrial First Aid Effectively — LIFE, for short. Other aspects of the program are workbook exercises, demonstrations, and practice in giving emergency first-aid care.

Fittingly enough, LIFE evolved from FACTS. Several years ago, the WCB and the St. John Ambulance jointly sponsored a test program, called First Aid Community Training for Safety, in Orillia. More than 5,500 of the 26,000 residents of the community took the standard eight-hour first-aid course. In the months following, the accident rates in monitored industries decreased by about 20 or 30 per cent among those who had participated in the program.

A second test, in the Guelph-Cambridge area, where the same course was offered to workers in all industries, had even more impressive results: FACTS graduates had only half as many accidents as other workers.

One important reason for this dramatic reduction in accidents was the program's emphasis on the causes of accidents, as well as on how to administer emergency treatment. Says Bill White, executive director of the WCB's Safety Education Division, "If you take a first-aid course, you begin to see clearly what kinds of hazards and carelessness cause accidents and injuries. So you become more aware of how accidents happen and you're always on the lookout for ways to prevent them."

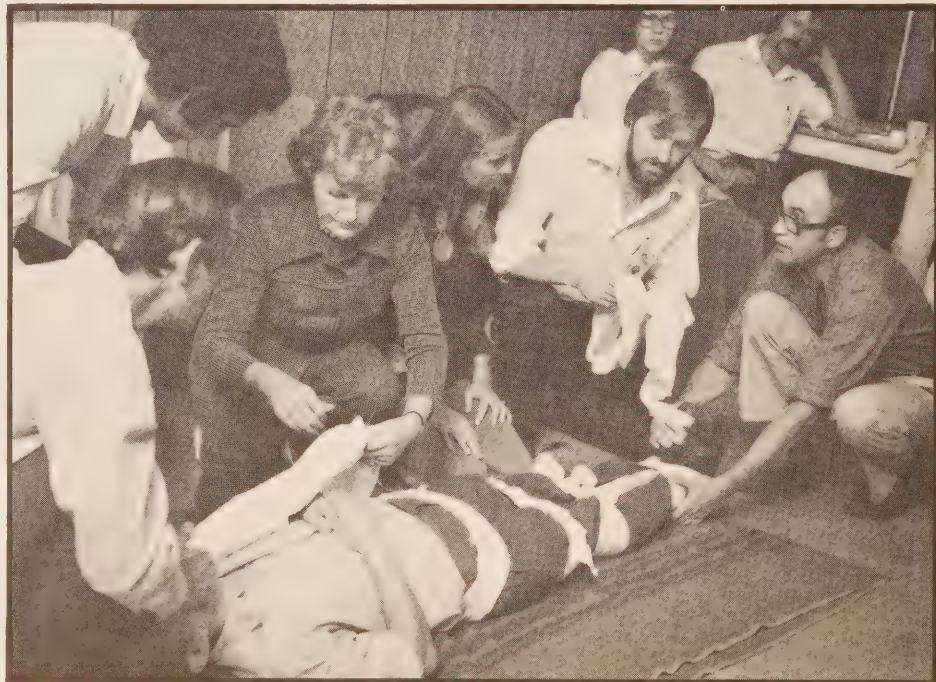
In the best of all possible worlds, compensation for work accidents wouldn't be necessary because there wouldn't be any work accidents. This situation isn't likely to happen, but the WCB is always eager to support programs designed to reduce the number of injuries in the workplace. St. John Ambulance has such a program, and WCB Report writer Cyndy De Giusti found that it really works.

The success of the FACTS programs encouraged St. John Ambulance to expand its training programs in industry. Employers in Ontario must provide first-aid facilities and

must have employees trained in emergency first-aid procedures on duty in each shift. But FACTS showed that the more trained people there are in any industrial area, the less often accidents happen. The obvious conclusion was that, if *all* employees are trained in first-aid procedures, the accident rate will shrink dramatically. And so LIFE was born.

Under the LIFE program, St. John Ambulance instructors, or employees trained by St. John, give a special first-aid course to company workers. Jean Cochrane, public relations officer for St. John, explains, "We 'sell' the LIFE program by convincing a company that the course will save them money in the long run, as accident rates will be reduced."

Don Campbell, manager of industrial training and marketing for St. John Ambulance, says that the course costs industry a small amount of money per person, as well as eight hours of each employee's time — which, of course, lowers productivity



First-aiders learn to use the good leg as a splint for an injured one. A fracture must be immobilized to avoid severe pain during transportation to hospital.

in the short run. "But the costs of injuries are extremely high," he adds. "As well as medical aid and compensation, they include lost production time, equipment down time, time lost by the supervisors and other employees after an accident, and the costs of training replacements for injured workers. And, of course, the costs in pain and suffering are incalculable. So it makes sense to invest in a program that will reduce accidents."

The benefits of the LIFE program have been demonstrated repeatedly. Take, for example, the experience of Canron Limited. In a 1975 pilot project, all employees in the company's ingot mould plant in Hamilton took the LIFE course. In the first seven months of 1976, there were only 22 lost-time injuries in the plant, compared with 50 in the seven months before the course. In the first seven months of 1977 there were only 15 — a dramatic improvement indeed.

The format of the course itself has changed since the original FACTS programs were run. Perhaps the most notable addition is the film, with its graphic portrayal of hazardous industrial situations and the accidents they can lead to, as well as clear demonstrations of first-aid procedures. The film is shown in short segments throughout the eight-hour period of the course, which may be taken all on one day or spread over two or more days. Each film segment is followed up by practice sessions and workbook exercises.

To find out at first hand what LIFE is all about, I took the course with a group of employees of H. L. Blachford Limited, a chemical company in Mississauga. When I arrived at the plant, I thought I had stepped into a scene from M*A*S*H*. The floor was a sea of grey blankets covered with bodies. Bending over each prostrate figure was another, feverishly administering artificial respiration. Obviously, I was in the right place. And, just as obviously, I shouldn't have worn a dress.

Ken, the instructor, introduced me to the "bodies" and their "rescuers" — all Blachford employees, both blue- and white-collar staff.



A LIFE class concentrates on an instructor's demonstration of dressing an open wound. Later, they will practise what they have learned, using each other as accident "victims".

I remembered Don Campbell's remark that a side benefit of the LIFE program for some firms was an improvement in relations between labour and management — you can't help but get to know people better when you've been trading bandaging sessions with them.

The first film segment, about how to dress open wounds, showed some of the causes of these injuries — improper use of an electric saw, careless handling of sheet glass, and so on.

The film-makers are masters of the art of make-up. Those bleeding wounds were very convincing! Several people stared resolutely at the floor whenever there was a close-up shot of a gory wound; I had the opposite reaction and could hardly tear my eyes away from the screen.

When this part of the film ended, Ken offered a few pointers and set us to work. In turn, each of us was victim, first-aid, or helper. Then Ken evaluated our efforts. His most frequent comment was, "Your bandage isn't tight enough. Your victim is bleeding to death!"

The next film segment demonstrated how to cope with internal bleeding and shock. Then it was back to the floor for another prac-

tice session. Afterwards, we did a workbook exercise that reinforced what we had learned.

And so it went, till the end of this four-hour session.

In the second part of the course, held the following week, we watched more pieces of the film, did more exercises, and had more practice sessions — and even reviewed some of the previous week's work. And then there was an exam. The questions seemed easy to me and I breathed a sigh of relief.

A few weeks later I received a certificate in the mail, attesting to the fact that I'm now a qualified first-aid.

I think the course really did increase my awareness of hazards. Visions of those horrible injuries flash through my mind now whenever I spot a potential problem.

Only one thing bothers me: how would I react in a real-life situation? I asked Ken how LIFE graduates handle their first crisis. He grinned and said, "The first time, you might throw up — but then you can go ahead and do what you have to do."

So far I haven't had occasion to put my new skills to the test, but if and when I'm needed I'll be ready — I think.

The Florence Nightingales of Industry

Occupational health has become a hot issue in the last few years, but concerns about the health and safety of workers have a long history. One valuable member of the occupational health team — the occupational health nurse — is celebrating a hundred years of service this year.

Occupational health nursing has come a long way since the first "company nurse" was hired by the Coleman's Mustard Company of Norwich, England in 1878.

The focus of industrial nursing was quite different in the early days. For example, the first Canadian nurse, employed by the Plymouth Cordage Company of Welland in 1908, belonged to the whole community. She visited people in their homes, acting as obstetrician, pediatrician, family physician. And she probably didn't know a great deal about the hazards her patients were being exposed to at work.

Today's occupational health nurse works in a sparkling clean, well-equipped first-aid room. Her main problem is keeping up to date with the tremendous amount of research being done on hazards in the workplace.

Industrial nurses agree that their major role is to prevent illness and injury. It's no longer enough to treat the resulting problem.

Margaret Godin, consultant with the Ministry of Labour, explains, "If a nurse helps keep employees

healthy, they'll be happier, less likely to stay away from work, or to have accidents. And that's good for everyone."

How does the nurse go about keeping her patients healthy? A major function is health teaching — telling people about proper eating habits, the dangers of smoking, the benefits of physical fitness.

At Dupont of Canada, the nurse and the safety supervisor focus on a different safety theme for each month. Most relate to a particular part of the body — how to avoid hand injuries or eye problems. But each June, the nurse, Rita McAvoy, arranges a month of general occupational health and safety discussions in the plant. She uses posters, films, and speakers; employees are allowed to leave work to attend the sessions.

Many companies are investing heavily in fitness programs; some have even built in-plant gyms. But Sharon Belanger at Occidental Life came up with a program using the only fitness facility available — the stairs.

Occidental's doctor helped Belanger teach people to take their pulse so they could compare their heart rate before, immediately after, and three minutes after the exercise.

So now, at coffee break, several employees take to the stairs, going down the nine flights and climbing up again. Belanger says there's an added benefit: "We're not only increasing our fitness, we've cut out one opportunity to eat — the participants just don't have time to grab a donut."

An important way of keeping the employees healthy is by preventing injuries. Many occupational health nurses are members of safety committees.

They are often the first to learn of

potential safety problems. Marie Pernette at Facelle Ltd. comments, "If someone comes to me with a cut, for instance, I check on the cause and report it to the appropriate person. Our safety committee meets each week to discuss the causes of accidents that have occurred, no matter how minor. If something can and should be changed, the person in charge of the area has to report progress the following week."

Another important aspect of accident prevention is making sure that employees wear proper safety equipment. Bea Wish at Honeywell says, "At first, our safety people fitted glasses and other equipment, but now I do it. The people seem to feel that the equipment must be important if the nurse is involved."

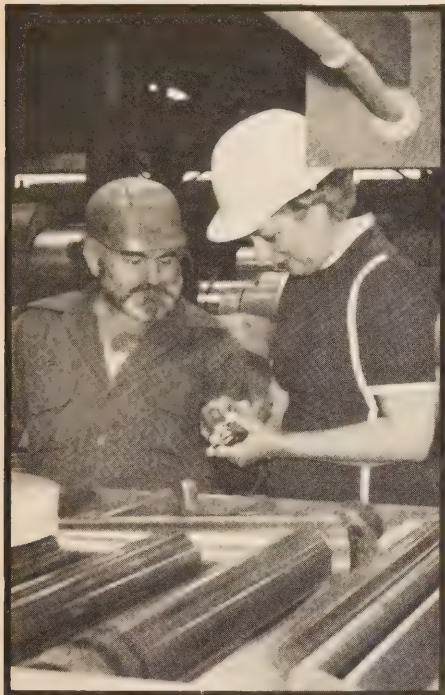
One controversial aspect of keeping employees healthy is the pre-employment medical — screening employees before hiring.

Sheila Dann of the Ministry of Labour says the medicals are not intended to discriminate against people with problems. "A company wants to make sure that the right person is hired for the job. For example, a person with a bad back might be better off in an office job than in one requiring heavy lifting."

Many nurses have developed special programs for employees. Honeywell's Bea Wish recently cooperated with the Heart Foundation to check employees for signs of hypertension. Heart Foundation staff checked blood pressure and the nurse did follow-up checks. If high blood pressure was noted, the family doctor was informed.

Wish comments that her management supports this kind of project. "The company wants to keep its employees healthy, so they welcome anything I can do to help."

A nurse at another company set up an interesting project. "A doctor asked me if he could use some of our employees for back research. The vice-president agreed, although it



Occupational health nurses are as much at home in the plant as in the first-aid room. They get to know the people and the processes, so they can spot potential safety problems and make sure that proper safety procedures are developed and followed.



Some industrial nurses have initiated projects to check blood pressure of employees. They can often spot potential medical problems before they cause serious illness.

meant losing some production time. So five chiropractors assessed the muscle strength of 190 people."

The nurse will get a chart for each person and will then develop individual exercise programs.

But, of course, accidents and illnesses do occur. So a major part of a nurse's job will always be caring for the sick and injured.

Beth Chapman and her staff at Kodak of Canada make home visits to employees recovering from serious injuries or illness.

Chapman says, "We want to make sure that the employee is getting proper care and that the family is coping with the problems an illness presents. For example, with a heart patient, we talk about what a person will and won't be able to do, what sort of exercise is good, what special diet is necessary."

At first, Chapman says, employees questioned the visits. "But now, they know we're not policing them. If they're out when we visit, we know that's part of the recovery process as well."

All industrial nurses are closely involved in accident procedures. Rita McAvoy of Dupont co-ordinates the activity for her company. When the emergency telephone rings, McAvoy listens to the details of the accident, then decides whether the truck, which serves as an ambulance, will be needed, and asks the security guard to call for additional help. A crash cart is always waiting, containing everything that might possibly be needed — oxygen, drugs, dressings, splints, even the safety helmets for the nurses to wear.

All the companies mentioned so far have more than 400 employees. What about the small employers? Several agencies provide part-time occupational health nurses to meet their needs.

Maxine Kewin, the owner of one of these agencies — The Company Nurse — says, "My nurses are completely portable because there usually isn't a first-aid room in small plants. The nurse goes to the employee instead."

Kewin's nurses do most of the same things their full-time counterparts do — pre-employment medicals, checks on sick employees, helping with personal problems.

All nurses, whether full or part-time, are hired by management but responsible to their patients, the employees. There seems to be surprisingly little problem in this divided responsibility. One nurse comments, "The employees trust us. They don't identify us with management at all."

Medical information is always treated confidentially. Kodak's nurse explains, "By law, the medical record belongs to this department, not to the company. No one outside medical services is ever allowed to see a file and we do not give out diagnoses. We simply tell the supervisor about restrictions on the person."

Kewin's nurses take medical records with them in their travels from one part-time job to another, to ensure confidentiality.

Companies regard personal problems as major causes of absenteeism and accidents. Most employers appreciate their nurses' efforts to assist employees in dealing with issues that may not be directly related to the workplace but nevertheless affect their on-the-job performance.

One personal problem that nurses often run into is alcoholism. An employee assistance program at North York General Hospital was designed to help employees cope with all sorts of problems, but the most common one is alcoholism. Nurse Vivian Assaf says employees know they will be given a chance to improve their job performance. "Sometimes the people come voluntarily, others are referred to me by their supervisors. I can't force them to take treatment, but I do explain that they'll get sick benefits while on treatment, and their jobs are guaranteed. If an employee refuses to co-operate, he or she must show some improvement in job performance. But everyone gets a second chance."

For most nurses, there's no such thing as a lunch hour or a coffee break. When the nurse appears in the cafeteria or in the plant or office, she's sure to be approached by someone wanting to "just talk". Perhaps this kind of informal contact shows more than anything else the important role of the company nurse in the workplace.

SHORT TAKES

Conversation with the Chairman

On October 25, 1978, Premier William Davis, in announcing the reappointment of the Hon. Michael Starr as chairman of the WCB, praised him for his leadership and humanitarian approach to the problems of claimants.

The day after his reappointment, *WCB Report* talked with the chairman about his achievements since he took over the Board's top job five years ago, and about his plans for the future.

What do you feel are the main things that have been achieved under your chairmanship?

Well, first of all, most of the recommendations of the Task Force on the WCB — of which I was a member — have been implemented. We've expanded our service to the people of Ontario, in every way — more area offices, the equipment and manning of those offices, the establishment of the Joint Consultative Committee, new procedures and methods of adjudication, reduction of the time for claims adjudication, expansion of vocational rehabilitation services. And now we have travelling Appeal Boards — we've never had them before.

Is the Board a different sort of place from what it was when you came on the scene?

Yes, I think so. I think we've created an open atmosphere in the organiza-

tion itself and towards our "customers" — both employers and injured workers. There is an open-door policy; people can come in and see the chairman. They can phone me or write to me and be sure of getting a response from me. I think all that is important. And I've done a lot of public relations work; I've visited municipalities, made speeches to different organizations, and so on. And I think all this has helped to change the attitudes of the people of Ontario. There is obviously a change, and that change will continue as long as we do a good job, so that we can tell people, "Look, we're here, we're an organization that's ready to serve you when you're injured and we want you to know that. We want you to know your rights under the Act, and we're now telling you that by radio, by newspaper, and by television."



On the other side, what do you see as the major problems with the Board right now?

We need more education about the Board, so that people understand what we're doing. If people know how the Board works, and what we can and can't do, they aren't as likely to be so critical.

Do you think some of the criticism is justified?

There is no question about it, there always will be some room for criticism. But I don't think we deserve all the criticism we get — a lot of it comes from people who know very little about the WCB.

But for a claimant who has a problem, his case is the only one that really counts; if something goes wrong, he's understandably upset and not very interested in the fact that the vast majority of our claims are handled quickly and satisfactorily.

That's right, and I can't fault that kind of criticism, where we've made an error. But as long as we're willing to correct that error, then I think most people will say, "Well, they've admitted their error and they corrected it — they're human beings like I am." We always will have that situation, I guess. But I think we're doing a darn good job with an almost mind-boggling volume of work.

Do you see any possible changes in the system that would reduce the small percentage of claims that aren't handled well?

No, not really. I don't care what kind of a system you have, there's still going to be some human error. And let me tell you another thing we've done since I came here. I found that we didn't have the opportunity to come before a committee of the legislature to give an account of our stewardship. So we had the Act changed; our annual report now goes before a select committee and we appear and give an account of our operation. Unfortunately, we don't get many suggestions about how we can improve ourselves — it's mostly criticism. You don't hear about all the cases that were handled well. But I feel that as chairman of the Workmen's Compensation Board I have a duty to protect it and speak on its behalf — against all attacks.

I'd like to focus for a minute on what you're going to do now that you've got a renewed mandate.

Well, I'm looking forward to seeing the results of the study we've initiated on the feasibility of decentralizing claims adjudication. That would be another step towards better service, if it works properly. Other provinces that have decentralized have run into a lot of problems. We don't intend to do that. We'll look at it very carefully before we decide whether to

put it into effect.

The other thing that's important is the continuing effort to improve the public image of the Workmen's Compensation Board. We all have to apply ourselves to that.

There's always room for improvement, especially in an organization of this kind, and I look forward to that improvement.

One improvement for 1979 is that we're responding to employers' requests to pay their assessments quarterly instead of in one lump sum. And we gave them the new rates earlier this year, because they had complained that they needed to know in advance, as their rates can affect their own plans. So we gave them the 1979 rates in July 1978.

Are there any changes in the Act that you would like to see?

There are some housekeeping changes that we haven't had the opportunity to get through. I'd like to see the implementation of a mechanism for indexing pensions, so that we can increase them without having to amend the Act every year or two.

What about changing the name of this organization?

Well, the Task Force recommended that it be changed to Workers' Compensation Board, but the Legislature didn't buy it at the time.

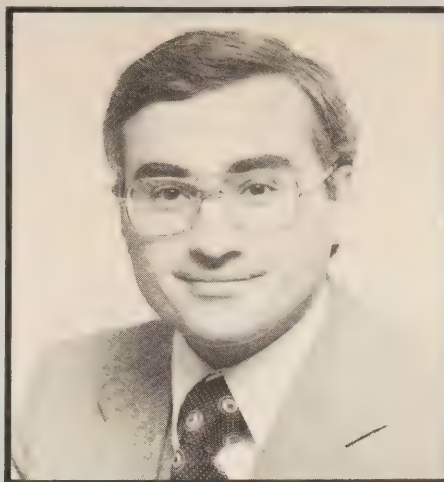
What do you think of the possibilities of trying again?

Yes, I think we should. I think it should be Workers' Compensation Board. Some of the other jurisdictions have changed and I think we should too.

New Commissioner Appointed

On November 1, 1978, Lorenzo Di Cecco became the newest full-time commissioner of the Workmen's Compensation Board. Since his arrival in Canada from Italy at the age of 17, he has been an active and involved member of Toronto's Italian community.

An arts graduate of the University of Toronto and a law graduate of the University of Western Ontario, the



34-year-old Di Cecco has practised law in Toronto since 1971. His special interest is in family legal services.

He has been chairman of the Central Region Committee of the Family Services Association of Metro Toronto, director of the same association, and chairman of the Board of COI, an Italian community centre. He has also served on the board of COSTI, an Italian educational centre, and on the Italian Community Advisory Committee to the Ontario Ministry of Labour.

Di Cecco says that, as work injuries and compensation are important issues within the Italian community, he is pleased that his new position will enable him to act effectively as a liaison between the WCB and the many thousands of Italian-speaking people in Ontario.

Now We Know

The results of the WCB's public awareness survey (discussed in the Autumn issue of the *WCB Report*) are now in and, in some ways, they are both surprising and encouraging. The study showed that 94 per cent of Ontario adults have heard of the WCB. Of those, 97 per cent have a clear idea of the basic purpose of the organization.

A total of 74 per cent view the Board in a generally favourable light; the percentage was somewhat higher among those who have compensation coverage. Those who have had a work accident are as positive about the WCB as the general public.

However, there are some definite information gaps. A large minority of respondents — 34 per cent — think that *all* workers have coverage (Fact: about 90 per cent are covered); 15 per cent think that only construction and manual workers are covered. Almost a third of the sample think that WCB premiums are deducted from the pay of workers; almost as many think that the government pays the premiums (Fact: the WCB is funded by assessments levied on employers, whose rates are based on the accident risk records of their particular industries). Only 44 per cent know that even accidents caused by personal carelessness are covered; 52 per cent believe that accidents caused by drinking are not covered (Fact: all kinds of accidents, except those caused solely by the serious and wilful misconduct of the employee, are compensable. Even those are covered if they result in death or serious disablement.)

Almost 30 per cent of the respondents did not know that compensation coverage includes both medical expenses and payments to replace lost income. Only 29 per cent were aware that compensation is paid from the day after the accident: many thought there was a waiting period of from two to six weeks before entitlement.

In general, respondents feel that the WCB does its best to deal quickly and efficiently with the claims of injured workers, although many think the organization might be difficult to deal with because it is a "huge bureaucracy".

One interesting finding is that a substantial majority of the sample believe that the WCB is often "ripped off" by people who don't want to work; an even larger majority think that the WCB has difficulty sorting legitimate claims from phony ones.

"The survey is a bench-mark, telling us what people know and perceive about the WCB right now," says Errol Weaver, executive director of the Board's Communications Division. "It gives us a fairly clear idea of the areas where misunderstanding about our operation exists. We'll be working to overcome these information gaps in the months to come."



A few bouquets are in order . . .

The idea of taking pot-shots at the media strikes some people as a futile exercise, but it is a novel approach: it means you can fight 'em *and* join 'em. News reports often work against the WCB, as Media Watch has noted on previous occasions, but this time we want to acknowledge some of the good things the media have done for the Board and — more importantly — for injured workers.

For about 75,000 people in Ontario at any given time, WCB cheques put food on the table, a roof overhead, and keep the wolf a respectable distance from the door. If even one cheque is missed, a family may be left high, dry, and hungry. So, during the mail interruptions this fall, the WCB made arrangements to have cheques available in depots throughout the province. But this wouldn't have been much help if people didn't know about it. The media came to the rescue, with published and broadcast announcements telling claimants how to get their cheques.

Some newspapers and radio stations are doing a job for us in providing information about how the WCB works and what services it provides. *The Toronto Sun*, for instance, regularly publishes short

articles about everything from legislative amendments to the latest information brochure produced by the WCB. *Corriere Canadese*, the Italian-language daily, has published a series of articles demonstrating the Board's response to criticisms. This has given the Italian-speaking public a clearer view of what the WCB can and cannot do for injured workers. These are just two examples of the kind of newspaper coverage that helps inform Ontario workers — about 90 per cent of whom are covered by WCB protection — about the services we provide.

We can even acknowledge the usefulness of consumer action columns such as *Star Probe* (*Toronto Star*), *Sound-off* (*London Free Press*), and *Star Alert* (*Windsor Star*). Sometimes the queries from these columns are worded pretty strongly, and we'd rather deal directly with workers who have had problems with their claims, but we do appreciate the service these columns offer their readers, and we gladly co-operate with them in resolving the difficulties they bring to our attention.

During the past months, WCB personnel have taken part in a number of radio shows across Ontario. This activity is especially useful, as radio provides an immediate contact between listeners and the people on the microphones. One of the interesting things to come out of these on-air discussions and phone-in shows is the surprise many people express when they discover the extent and diversity of WCB services.

Something both print and electronic media should like is the WCB's current paid communications campaign. Through radio and television spots and newspaper ads, the Board is getting its message across and the media are getting paid for it. But before congratulations and back-pats get uncontrolled, let's cool the celebration a little. When media people discovered early this fall that the Board had commissioned a public awareness survey, they seized the opportunity to criticize us for worrying about our image rather than doing our job. This was (touché) a fine example of misinterpretation of facts. The only way anyone can find out what other people know is

to ask. The survey did just that: it asked a sample of 625 Ontario residents what they knew about the WCB. It turned out they knew some things and didn't know others. So now we are trying to fill the knowledge gaps in our communications campaign.

One program the Board is anxious to publicize these days is its campaign to get injured workers back to work as soon as they are ready. The Vocational Rehabilitation Division's employment services program is designed to encourage employers to hire rehabilitated workers. Employers often feel that injured workers might not be good employees. Experience has proven otherwise; rehabilitated workers are usually most enthusiastic and adaptable. Furthermore, the WCB offers a solid package of incentives for employers who hire through our vocational rehabilitation program.

We have good support from the media in promoting our employment service. Most notably, *Newshour*, CBC Toronto's dinner-time news and public affairs show, produced a filmed item this fall that brought the program to the attention of many employers. The CBC crew went into a factory and talked to a worker who had been off the job for two years because of a serious injury. He is now working again and has learned a new skill. His employer described his experience with the WCB employment program, saying he has found rehabilitated workers well motivated, and the WCB's administrator of employment services was also interviewed. The day after the item was aired, we received a number of calls from employers who had seen it and who wanted to find out more about hiring rehabilitated workers.

No doubt, in the future we'll have more complaints about how the media have done us wrong, but now — as a Christmas present? — we'd just like to say thanks.

SAFETY LINES

Jim Nugent, general manager of the Forest Products Accident Prevention Association, has prepared the safety column for this issue.

Safety in the Forest

Like fine wine, accident prevention efforts improve with age, under the right conditions. The Forest Products Accident Prevention Association was established in 1915, the same year the Workmen's Compensation Act came into effect. Forest industry leaders of the time recognized the social implications of the legislation and the benefits to be derived from safe workmanship and conditions. The Association began with a staff of four inspectors whose task was to

promote the basic safety rules endorsed by the WCB and the Ministry of Labour; we now have a full-time staff of 18 — six administrators and support staff at head office in North Bay and 12 district representatives throughout the northern part of the province.

The key to accident prevention in any industry is knowledge — knowledge of the factors that cause accidents combined with knowledge of techniques to avoid these situations. We at FPAPA have learned a great deal from our own development and from the experience of our 1,300 member companies. We have selected our training materials from sources around the world; new theories, methods, and techniques are constantly being developed both here and in other countries where forest operations are important. Our staff meet together several times a year to upgrade skills and keep abreast of these new developments.

Our consulting services, training courses, and safety literature are all available in both French and English to our member companies.

Management, supervisory, and skills-training courses sponsored by our Association combine classroom instruction at company locations

with on-the-job training in the forest environment. This mixed format has proven to be most effective.

Involvement at all levels is necessary for successful accident prevention programming. Because senior management establishes safety policy and monitors or evaluates programs, FPAPA has designed a seminar especially for presidents, vice-presidents and other key managers. In a workshop setting they review basic management principles and determine how these principles can fit into their changing business situations. There is ample opportunity for participants to share knowledge and exchange ideas.

Another course sponsored by the Association has been designed for senior managers responsible for loss-control planning.

The training of first-line supervisors is a major focus of FPAPA's service, as we recognize the key safety role played by supervisors. We offer six courses designed to meet the needs of these people: the six deal with basic accident control, advanced accident control, basic communications, basic human relations, proper job instruction, and job simplification.

Forestry is generally considered to be a high-risk industry, and the most frequent cause of accidents is improper use of chain saws in felling timber. To combat this problem, Association instructors train supervisors and chain-saw operators in proper felling techniques and saw-chain filing. Because of this training as well as improved equipment and better legislation, injuries have been substantially reduced.

FPAPA sponsors an intensive communications program on television and radio throughout the timber-producing areas of the Ottawa Valley and northern Ontario. Spot announcements demonstrating the correct way of performing various kinds of logging operations have a spin-off effect on the families of forest workers and the general public.

Through the co-operative efforts of FPAPA staff and the voluntary work of district safety committees and individual companies, the frequency and severity of injuries to forest workers in Ontario are gradually decreasing.



Proper handling of chain saws is crucial to safety in forestry operations. Here, FPAPA instructors conduct an on-the-job training session with employees of a logging company.



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New WCB Publications

The following publications are available on request from the Communications Division. They are free of charge; please state the number of copies you need. The address is on page 2.

Help for employers who hire rehabilitated workers: The Second Injury and Enhancement Fund

This brochure outlines the financial advantages and guarantees offered by the WCB to encourage employers to hire injured workers.

Amendments to the Workmen's Compensation Act

This brochure lists all the changes in WCB benefits that were passed by the Ontario Legislature in June 1978.

First-aid Regulations

This is an up-to-date version of the regulations under the Workmen's Compensation Act that spell out the obligations of employers in the provision of first-aid services in the workplace.

Table of Rates, 1979

This booklet gives the new assessment rates for all Schedule 1 industries.

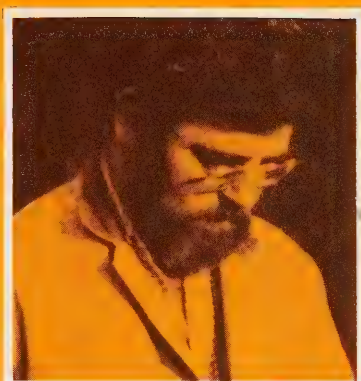
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WCB Report

The WCB Employment Program:



**new jobs
for injured
workers...**



**and a good
deal for
employers**



In this issue...

A WCB program that's attracting a lot of attention this year is the all-out effort to find new jobs for injured workers who can no longer follow their old trades. Men and women who have some kind of permanent disability because of work accidents are always at a disadvantage in the employment market. In a time of budget cutbacks, layoffs, and increasing prices and wage demands, this disadvantage is even greater.

But more and more Ontario employers are finding that it's good business to hire rehabilitated injured workers. Most are keenly motivated to give their best to a new and different job — they're grateful for a second chance and eager to prove that they're still productive members of society. And the WCB's employment program offers worthwhile incentives to companies that agree to give them the chance they need. As the story beginning on page 3 explains, the WCB is making a strong effort to sell the program to employers.

It's getting to the point where brightly coloured track shoes, baggy jogging suits, and striped satin

shorts are common wardrobe items. We've all been told often enough that Canadians are physically in less than great shape, and more and more people are deciding to do something about it. In her story beginning on page 6, Cyndy De Giusti takes a look at the fitness phenomenon as it applies to industry. She finds that many companies see real value in offering fitness programs to their employees.

The story on page 9, also by Cyndy De Giusti, examines the link between accident investigation and the prevention of accidents. De Giusti attended a one-day accident investigation course sponsored by IAPA and concluded that it's true: many accidents *can* be avoided. It's all a matter of education.

Not many hospitals contain busy shoe shops, but the WCB's Hospital and Rehabilitation Centre at Downsview does. On page 12, Charles Ponder writes about Joe Nestoruk and his staff in the orthopaedic shoe section, who specialize in building shoes for workers with foot injuries.

A unique training program jointly

sponsored by a local of the Labourers' International Union and the construction industry is the topic of Bob Maxwell's story on page 14. This program may reflect a growing effort on the part of labour and management to seek ways of co-operating to solve the problems that both experience.

The Winter 1978 issue of the *WCB Report* featured a story about Dan Leonard, who lost his arm in a work accident and has since had great success as an athlete in the Canadian Games for the Disabled. We have had a letter from the accident employer, requesting that we make clear to readers that the firm "was not unconcerned and operating a safe shop". The Industrial Safety Branch of the Ministry of Labour investigated this accident and concluded that the company was not at fault. There was no intention in the story to imply that the employer *was* at fault, and we regret it if the company felt it had been maligned.

Lynn Todd

Lynn Todd, Editor

WCB Report

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Cover: A double success story. Jeff Hamilton and Doug Brady (left and centre) had both been off work for a very long time because of serious back injuries, and they wondered whether they would ever work again. But WCB employment specialist Paul Dunn found job opportunities for them at Ajax Magnathermic Canada Limited. Hamilton says, "It's the greatest break I've had." And Brady agrees: "Magnathermic gave me a chance — it's a great job and I'm really glad to be working again." Reg Handley (right), their supervisor, is pleased with his new staff members. "They're both good workers. We've had good luck hiring these guys — better than hiring off the street. They're more reliable, more experienced." See story on page 3.

We're not an employment agency but...

A small, select group of WCB employees are salesmen with a unique product to sell. They're employment specialists and they're on the road to promote a program that offers incentives to Ontario employers who hire rehabilitated injured workers.

"I used to think people who'd been on compensation were a 'no-no'. I figured that once they'd been on compensation they'd always be on compensation.

"But the man I got through the WCB's employment program is an exceptional employee — I couldn't have gone out into the market and come up with anyone as good as he is.

"My thinking on everything about the compensation program has changed immensely. I've been turned from an unbeliever into a believer."

That's Dave McGlade talking. He's manager in Ottawa for Luwasa Hydroculture Sales, a company that sells the hottest thing in indoor plant cultivation — systems for growing tropical greenery in water, with no soil. His business is going well, and he's planning expansion into several other eastern Ontario centres.

Lou Morin, the man who changed McGlade's mind about injured workers, is the WCB's employment specialist for the eastern Ontario region. Like other employment specialists across the province, he's in the business of finding job opportunities for workers who, because of their work injuries or industrial diseases, are unable to return to their old jobs.

Morin and the other employment specialists spend most of their time in the field, visiting employers and telling them about the WCB's



Dave McGlade (left), of Luwasa Hydroculture Sales in Ottawa, was sceptical about the WCB's employment program until employment specialist Lou Morin (right) persuaded him to try it. Now he says, "I'm a believer, I'm ready to take in one or two more rehabilitated workers now, and more in the future."

employment program. They're salesmen with a fine program to sell — a package of incentives that adds up to a good deal for Ontario employers who give injured workers a chance to get back into the workforce.

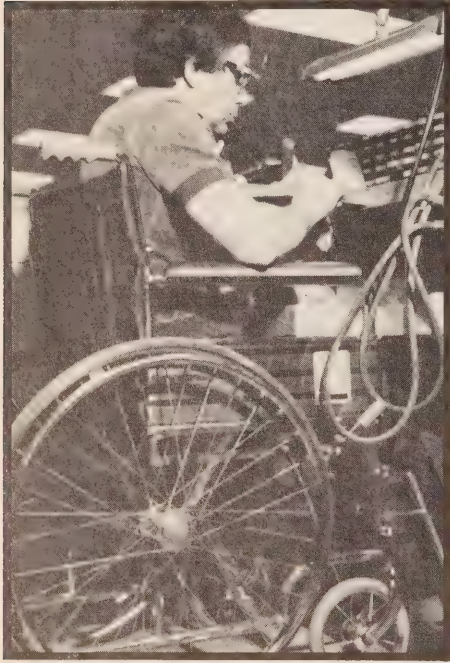
While most WCB claimants lose very little time from their jobs, about 10,000 injured workers each year are referred to the WCB's Vocational Rehabilitation Division for counselling and assistance in getting back into the work force. These are people whose lives have been permanently changed because of their accidents or industrial

diseases. A truck driver, for instance, may have a back injury that makes it impossible for him to sit for long hours in the driver's seat and to load and unload heavy materials. He can't be a truck driver any more, but he still can work. A nurse's aide wrenches her back lifting a patient, causing permanent back damage. She can no longer be a nurse's aide, but she still can work.

For years the WCB's vocational rehabilitation staff have helped people like these find alternative employment. Some have been given specialized training for new occupations, some have taken educational

upgrading courses with WCB assistance, a few have even been helped to go to university. But for most people, getting back into the work force as quickly as possible is the first consideration.

With the upgrading of the Vocational Rehabilitation Branch to a separate division last spring, one of the top priorities seen by executive director John Wisocky was a greater emphasis on finding work opportunities for rehabilitated workers. Chuck Brownell, who had been working in this area for some time,



Roberto Bagnolo is a highly skilled craftsman employed by Rembrandt Jewellery Limited in Scarborough. Working with gold and diamonds is a far cry from doing construction work, but Bagnolo made that change after a work accident left him paralyzed from the waist down. He doesn't have the use of his legs, but his brain, eyes and hands are what he needs to do this job.

was appointed consultant and administrator of employment services, and a number of employment specialists were chosen to work with him. With one exception the new employment specialists are former rehabilitation counsellors, with years of experience in dealing with the problems of injured workers.

In Wisocky's view, "Rehabilitation involves getting the worker back to the highest possible level of self-sufficiency in the community, and a big part of that is the occupational environment. If we solve that problem, many of the other prob-

lems are solved as well. A sense of self-esteem is regained, and that's good for the worker and for every one concerned. Getting back to work is probably the most important factor in an injured employee's total rehabilitation."

The team of eight employment specialists has been on the job since last summer. Up to the end of 1978 they had located 1200 job opportunities, compared with only 400 obtained by the rehab counsellors and Brownell the year before. Wisocky says, "I'm pleased with the progress we've made, but there's still a tremendous amount to be done in this area. Most employers are pretty good about taking their own injured workers back into different jobs if they can't do their old jobs, but some just can't do that. And, remember, the people that are referred to Vocational Rehab are the most complex and difficult cases — and they're the ones who most need help in getting back to work."

Brownell points out that it's not always possible to fit a worker to a job. "One of the biggest problems we have is language. In Metro Toronto, we have a lot of immigrants who haven't learned English. A construction worker, for instance, can work in Italian or Portuguese, but if he can't do that kind of work any more, we can't place him in a job where English is required. So we're always on the lookout for jobs our people can do without much need to speak or read in English. We're making a special effort now to contact Italian-speaking employers in Metro."

Wisocky comments, "There are some job opportunities that we can't fill — we just may not have a person available who can take on that job, at that time and in that place. Location is sometimes a problem — a worker with some disability may not be able to take a job if it means spending a couple of hours a day in transit. But we're working at improving our placement rate as much as possible — we won't be satisfied with anything less than a 100 per cent success rate."

"I usually ask employers to give us a couple of weeks," says Lou

Morin. "If we can't find someone in that time, then they should go ahead and try to fill the job themselves. But they certainly haven't got anything to lose by letting us try to find someone for them. If we're successful, they can save time and money and get a good employee without having to advertise and screen a lot of applicants."

How do the employment specialists go about finding job opportunities for rehabilitated workers? Doug McAllister, the specialist for western Metro, says, "First of all, we keep an eye on the help-wanted ads. When we see jobs that might be suitable for one of our people, we give the employer a call and ask for an appointment to explain our program. Sometimes I pass a factory with a help-wanted sign outside; I stop and go in right then. Employers who have had success with the program, or who have heard about it from other employers, often contact us, and we follow those up. We use a directory that lists businesses under different categories, and we sometimes write or call a group of employers in certain kinds of businesses, and ask for appointments. And then there's always cold canvassing."

Cold canvassing can be just what the name implies — cold — especially in places like the Ottawa Valley. One frigid January day, Lou Morin was in Carleton Place, about 40 miles from Ottawa, visiting firms in an industrial park. With no appointment or prior contact, Morin asked for a few minutes with the manager or personnel director at each stop. Most were willing to see him. At firms where the right person wasn't available, Morin left a package of material describing the program, and made a note to follow up contact in a week or so.

"You may not get results from a cold canvass for some time," Morin comments, "but it does pay off eventually. You've made the contact and explained the program, and maybe dealt with some of the employer's reservations about injured workers. Chances are he'll remember the WCB when he needs to fill a job in the future."

For Schedule 1 employers who decide to hire through the WCB's program, there are financial incentives. The WCB will place a worker in a company for an assessment period — usually four weeks — without cost to the employer. If, at the end of the assessment period, the company feels that the worker has potential, a training agreement is signed by the WCB and the employer. The WCB agrees to pay a diminishing proportion of the worker's wages during the on-the-job training period, thus absorbing a good part of the training costs. And the employer runs no risk of having his accident cost record damaged by an employee with a disability. During the assessment period, the WCB is fully responsible for compensation costs for that employee, whatever the cause. After that, any injury that can be attributed to the employee's pre-existing condition is covered by the WCB's Second Injury and Enhancement Fund and is not marked up against the employer's account. A recurrence of the old injury is charged against the accident employer, not the new employer.

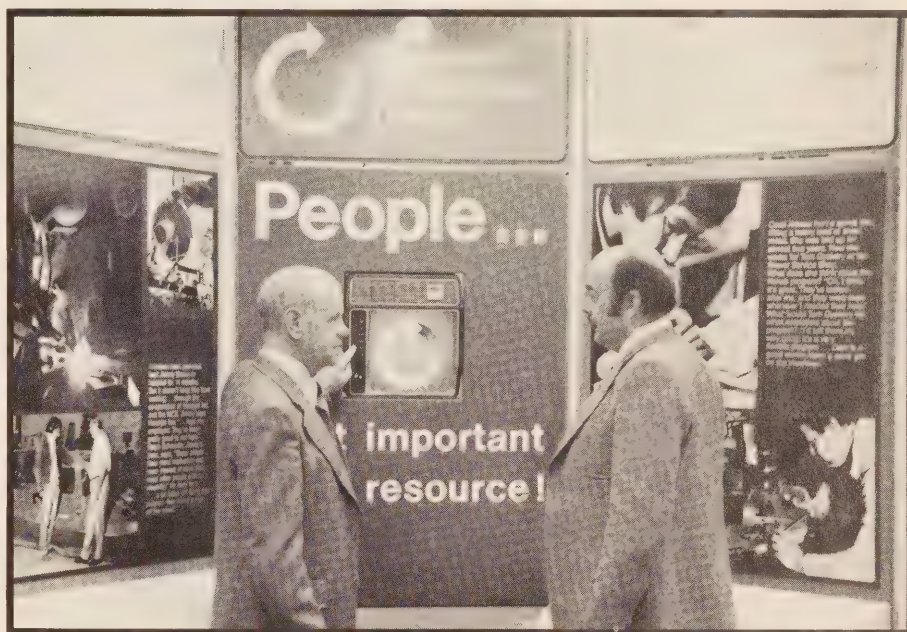
Almost as important as the financial incentives is the fact that the program is virtually hassle-free for employers. When an employment specialist identifies a job opportunity, he asks about the physical demands of the job, the basic qualifications required, the amount of training needed, the hours of work and other conditions of employment, and the eventual wage rate and other benefits. He builds a profile of the job so rehab counsellors can match their clients to the needs of that employer. A computer program to improve the efficiency of this matching function is scheduled to go on track later this year. The rehab counsellors arrange interviews and go with the clients to work out the details of assessment and training periods with the employers. The employer gets carefully preselected applicants for job openings and does not have to advertise or screen applicants.

If it turns out that a worker is not suitable for the job, the employer is under no obligation.

Another attractive feature of the WCB program is the lack of paper work. The employer has to sign the training agreement and do the usual payroll deductions during the training period, but that is all. The WCB pays its share of the training costs directly to the worker; the employer does not have to put out that money and wait for a refund. One employer comments, "I was pretty sceptical about all government programs, because they usually snow you under with paper work and the whole thing isn't worth the aggravation. The simplicity of the WCB's

province, usually with Brownell or one of the employment specialists. "We've had some direct response from these shows," says Hastings, "with employers calling in to ask for an employment specialist to visit them. But perhaps it's almost as important that we're getting the message across to the public at large. We think it's important for people to know that injured workers want to work again and that the WCB is doing everything it can to encourage employers to hire them."

Alternative ways of getting the message across are being consider-



Employment specialists Doug McAllister and Paul Dunn take a close look at a new display unit designed to promote the WCB's employment program. With the theme "People — our most important resource," the audio-visual presentation (on the screen in the centre of the unit) spells out the advantages to employers hiring rehabilitated workers.

program was a big factor in making me decide to try it."

In spite of all the advantages, some employers are still reluctant to hire injured workers. The WCB is currently involved in an all-out effort to convince the doubters that they're missing out on a good thing. One aspect of the promotion program is a display unit that employment specialists are taking out to seminars and conferences where groups of employers are gathered. A light-hearted audio-visual presentation tells the story.

The Board's media relations officer, John Hastings, is participating in radio and cable television interviews and hot-line shows across the

ed by the Vocational Rehabilitation Division and the WCB's communications people — direct mail to employers, radio spots, newspaper ads, and so on. "We've got a good program to sell," says Brownell, "and we want to get as many people involved as possible."

If you're an employer and you'd like to find out more about the WCB's employment program, call Chuck Brownell at (416) 963-0711 in Toronto, or the WCB area office nearest you. An employment specialist will be happy to visit you and explain how the program works. It could be the answer to your hiring problems.

The fitness fashion is highly profitable for sports equipment manufacturers, but industry is discovering that fitness can pay off in other ways as well. Definite benefits are to be gained by employers who promote fitness among their employees. It's partly to be the "nice guy", giving extra fringe benefits to staff, but more and more companies are finding that fitness has bankable benefits as well.

So far, Canadian research hasn't been extensive, but international studies are overwhelmingly in favour of employee fitness. Dr. Martin Collis, in a report on employee fitness for Health and Welfare Canada, says the Canadian experience probably will reflect studies done abroad. "... We can anticipate that the facts will support the logical premise that employees who are physically fit will be more productive, less likely to be absent, less accident-prone than their unfit colleagues."

Fitness came into vogue primarily as a preventive measure against heart disease. Dozens of studies have shown that people who stay fit are less likely to have cardiovascular problems. But there's a dollars-and-cents aspect as well. Researchers estimate that premature death due to heart disease costs the Canadian economy close to \$2 billion each year in lost production.

Fitness at Work

Philanthropy or Good Business?

Fitness is big business lately. People buying expensive shoes for jogging, beautiful ten-speed bikes that take the pain out of cycling, skiing packages for winter exercise and entertainment all vouch for that. In short, fitness is in fashion and, as often happens, business is on the fitness bandwagon.

Fitness helps people fight more than heart disease. It has proven effects on all sorts of problems affecting modern-day industry. For example, Goodyear in Sweden found that the introduction of an employee fitness program reduced absenteeism by nearly 50 per cent.

In the U.S., participants in the National Aeronautical and Space Administration's employee fitness program reported that they had more positive attitudes towards work. They experienced less strain and tension and their work performances improved. Even more surprising, they significantly changed their use of leisure time.

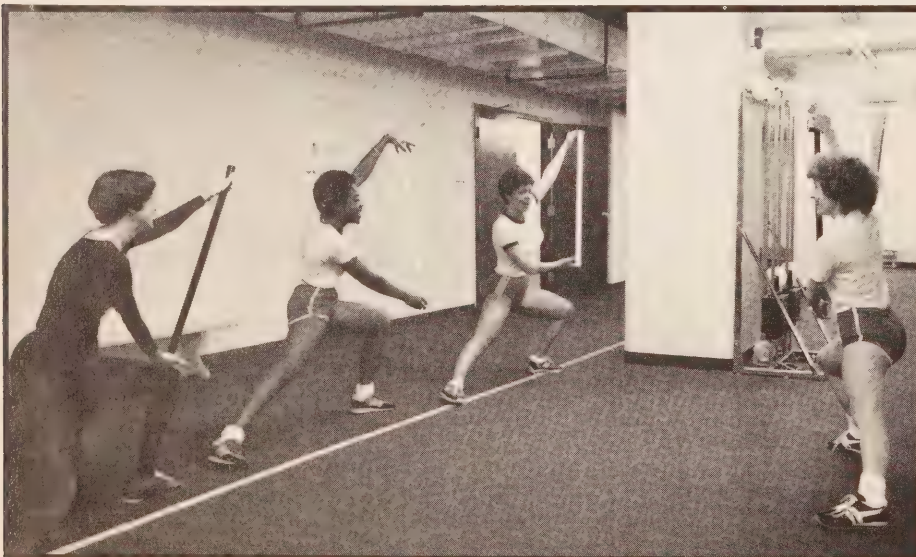
A Canadian federal government agency found that workers participating in an exercise group missed only 2.48 days for every 4.38 days missed by non-exercisers. An exercise program for female textile workers introduced by one firm resulted in a reduction in human production errors of 31 per cent.

Aside from the increases in production that follow the introduction of fitness programs, there is a positive effect in provincial health care costs. One report noted, "An estimated reduction of \$31 million in OHIP medical claims could be expected if all adults aged 20 to 69 were of at least average fitness."

Although the evidence is still scanty, there is a growing feeling that fit employees are less likely to have industrial accidents. Certainly back injuries should decrease if fitness increases — people with strong back and stomach muscles are much less likely to suffer back injuries than those whose muscles are flabby from lack of exercise.

A Soviet doctor's research has demonstrated that fitness does affect accident rates. Dr. B. Pravosudov's study showed unfit workers to be two or three times more vulnerable to accidents than their active colleagues.

Charles Yost, chairman of the department of safety education at the University of West Virginia, outlines some reasons why fit individuals are less likely to have injuries: "They have the strength to handle both everyday tasks and emergencies, the stamina to continue to work without undue fatigue, the cardio-respiratory endurance for sustained effort, the agility to make a wide range of movements, the speed to be able to move quickly if safety demands it, and the control to



The Canada Life Assurance Company's fitness program is based on exercise classes run by volunteers. More than 35 per cent of the company's 1500 employees participate.

Photo by Conrad Fujimoto

co-ordinate body movements skillfully."

Yost adds, "The individual who lacks endurance and becomes fatigued has a tendency to disregard potential accident situations. This person often becomes lax and inattentive and tends to take undue chances, erroneously assuming that he can react as quickly as he did in a nonfatigued state."

Many Ontario employers are now getting involved in fitness programs. For example, the Toronto Fire Department is looking at fitness as a way of cutting accidents. In 1976, the department (which, incidentally, is not covered by the Workmen's Compensation Act but has its own superannuation and benefit fund) had a disastrous accident year — 38.4 injuries per hundred men. A report on the reasons for the accidents noted that fitness levels needed improving. "Their [firefighters'] duties require tremendous physical stamina to use heavy equipment while wearing 40 pounds of clothing and working in heat and high humidity. If the firefighter has maintained his body, his chances of injury will be greatly diminished."

The department is planning to hire a fitness analyst to set up programs and motivate employees to get involved. When launched, the program will be monitored to see what effect it has on accident rates.

Fitness programs now in existence are as varied as the companies sponsoring them. Some build beautiful facilities, others use the materials at hand. One brewery built a gymnasium and promoted its use through recognized employee leaders. One insurance company makes use of stairs as its "fitness facility". Some companies encourage employees to park further away from the plant and walk the extra distance. One enterprising firm started a Toronto-to-Montreal run. Each employee had a little marker on the road map; the further the person ran on the indoor track, the closer the marker moved to Montreal.

Jim Joy, employee fitness co-ordinator with the Ministry of Culture and Recreation, feels that too many

of the fitness programs are aimed at white-collar workers.

"The white-collar worker gets novel stimulation from movement — it's something different from the routine. But when you offer a standard exercise program to a factory worker, it's too much like working

Another key to success, in Joy's view, is accessibility. "A common excuse for staying away is 'I haven't got time.' So it's ideal if the facility is within ten minutes of the workplace."

As well as advice, Joy offers practical assistance to his clients. He



Fitness has to be fun — so you get the exercise without really noticing the effort required.

Photo by Doug Workman

on the line. Exercise classes are basically repetitive movement, and factory workers get enough repetitive movement."

Joy is responsible for advising Ontario companies on fitness. He's now looking at something he calls industrial recreation. "Many factory workers like the activity and competition involved in playing sports. Soccer, in particular, is popular and is a super fitness activity. But you really have to play three times a week for it to do you a lot of good."

To be successful, a fitness program must be fun. Joy says, "If a person doesn't get something out of a program, be it entertainment or a 'pat on the back', the chances of that person continuing with the program are pretty slim."

Naturally, it takes more than entertainment value to make a program successful. Strong leadership is necessary, and so is the financial commitment of the company involved. However, money isn't all there is to it; it's helpful if management participates as well.

helps companies develop promotional materials, set up permanent fitness committees, and, later, evaluate the programs.

Provincial money is also available to companies interested in setting up programs. Wintario will match funds raised by either employees or employer. But these grants are only for new programs being developed; they cannot be applied to ongoing expenses.

In his year and a half at Culture and Recreation, Joy has talked to people in more than 300 companies. So far, 200 are distributing information, 100 of those are sponsoring some sort of activity, 50 have full-time facilities, and several have full-time fitness experts on staff.

Joy is very much aware that fitness has become big business. "Fitness is very trendy at the moment, but I really don't think it's a passing fad."

And the companies that are convinced fitness saves them money agree.

Fitness Hiram Walker Style

Disco dancing as a way of exercising? Well, that's part of Hiram Walker's fitness program!

It all goes to prove that fitness doesn't have to be boring. Kathy Westfall, the co-ordinator of the program, says disco classes are very popular. People forget all about the strenuous exercise involved and have a good time.

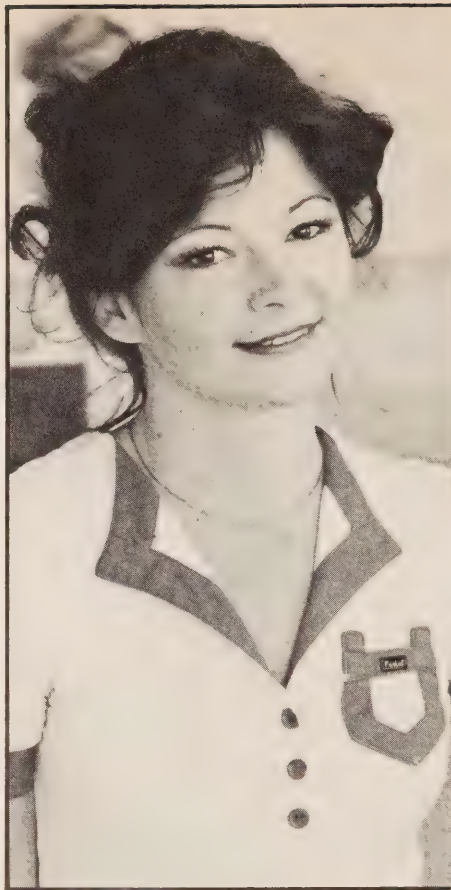
The distillery began its program in March 1976. Westfall says that about 10 to 12 per cent of the work force of 900 participate in it. "Actually, that figure sounds lower than it should. We have several Americans working at the plant and they spend a lot of time travelling, so they aren't able to participate even if they'd like to."

In the plant in Walkerville, a suburb of Windsor, Hiram Walker has both salaried and hourly workers. At first, the hourly workers didn't participate in any great numbers, but in the last few months more have been getting involved.

Westfall says there are two reasons for the upswing. "We've got a new piece of equipment called a universal gym that is very popular with the factory workers. They're fairly strong already and can do very well with the gym right at the beginning." The other reason the program is gaining popularity is its convenience. The facilities are open from 6:00 in the morning until 10:00 at night, so workers on all shifts can drop in.

In addition to the gym, Hiram Walker's facilities include a jogging track, stationary bicycles, rowing machines, a weigh scale, and ping pong tables. Westfall estimates that the company has spent about \$25,000 on equipment.

Westfall and 11 other part-time instructors work hard to build support for the program among their colleagues. "We all have full-time jobs in various departments here. I'm the secretary in the Industrial Relations Department. So I talk to the people here about getting involved."



Kathy Westfall, a secretary in the Industrial Relations Department at Hiram Walker, is also fitness co-ordinator for the company. The program is staffed entirely by employee volunteers.

The company also has a poster campaign to promote involvement. "We have pictures of people we call the walker/joggers. The pictures are posted in the areas where these people work. In that way, we recognize participants and other people say, 'Well, if Joe can do it, so can I.'"

Participants get other types of positive reinforcement as well. Their improvements are featured in a daily newspaper for employees and the company sponsors an annual reception for them. All participants are invited and those who have improved are recognized and given special certificates.

Westfall and the other instructors are not fitness experts, but the company gives them time off to take leadership training. A few weeks ago, they had an afternoon-long demonstration of the universal gym.

The measure of the fitness program's success comes each summer when the exercise classes end for the season. Westfall says, "Most of our people take up outdoor activities on their own."



A Hiram Walker volunteer instructor tries out the new universal gym, which has proved to be popular with the company's employees.

Accident Investigation: The Key to Prevention

The Industrial Accident Prevention Association (IAPA) is an organization trying to put the WCB out of business. Its goal is to eliminate industrial accidents, and if there were no more accidents, there would be no need for the WCB. One of the association's activities is a course to teach employers and supervisors how to investigate accidents, and even that is geared towards prevention.

Joe Gordon, a foreman in a small shipping company, took the IAPA's accident investigation course this winter. He wasn't really sure how useful it would be, but at least it meant a day off work.

At the IAPA Education Centre in suburban Toronto, Gordon met instructors Bill Santin and Carl Hornlehnert. He also met people from other industries who had come to learn something about accident investigation — a supervisor from a furniture factory, a foreman at a printing company, and the safety co-ordinator for a small plastics manufacturer, among others.

Santin started off by asking the class to define an accident. "Something that's unplanned," was one answer.

Accidents and Incidents

The instructor agreed, but went on to list different kinds of accidents. For example, a two-by-four falls off some scaffolding. If it hits a person walking below, it's a personal injury accident. If it hits and smashes a pile of windows, it's a property damage accident. But if the wood lands harmlessly on the ground, it's "an incident".

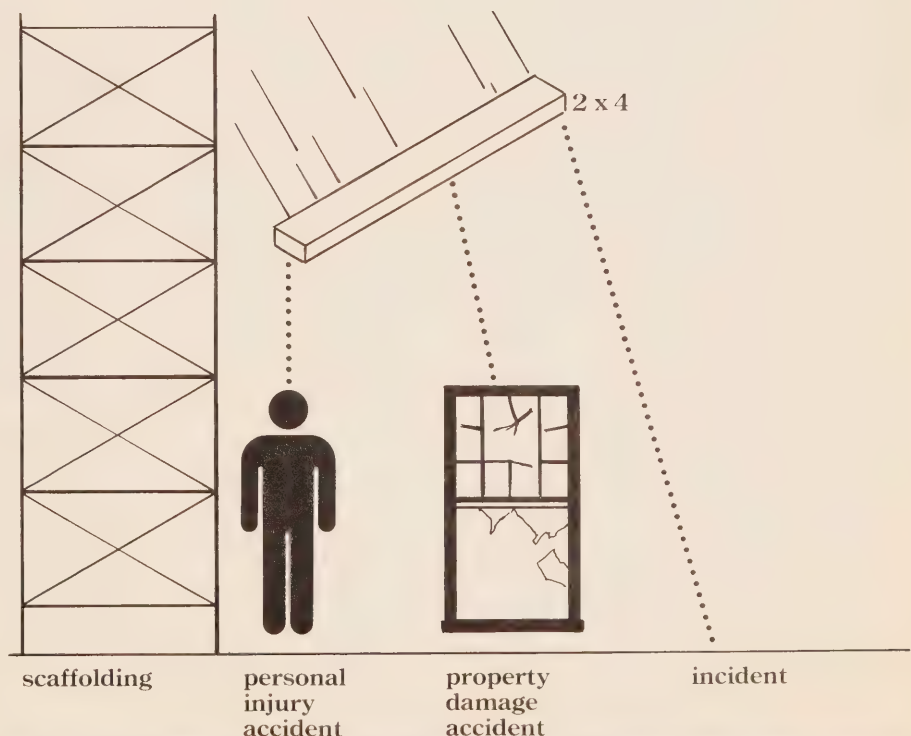
A study by Frank E. Bird, Jr., executive director of the Loss Control Institute in Atlanta, Georgia, esta-

lished the ratio between these various types of accidents. For every serious or disabling accident, there are ten minor personal injury accidents, 30 property damage accidents, and 600 incidents. Bird went further to suggest that if a company could cut its incidents, the number of serious accidents would also drop.

Thinking about his own experience at the plant . . . the forklift truck that came close to hitting him, the carton of books that inexplicably fell from a shelf and almost knocked over an office worker . . . Gordon could see that Bird's analysis was probably on target.

Santin moved on. "When you in-

Types of accidents



investigate an accident, you start with the event itself and work backwards to find the cause. Personal protective equipment won't eliminate accidents — it may reduce the effects of an accident, but the danger is still there. If even one part of the body is unprotected, you'll risk injury."

That was a new line of reasoning for Gordon. He had always felt that if he insisted his workers wear safety equipment, he was doing his part to prevent accidents.

Asked which accidents should be investigated, everyone in the class agreed that, ideally, even the incidents should be investigated. But they thought that would be too expensive and time-consuming for most companies.

Santin nodded but pointed out that most employers would probably agree to investigate personal injury and property damage accidents. He gave the class some ammunition to use to promote investigations.

Accident Costs — More Than Money

He mapped out a scenario. An accident occurs. Onlookers rush to the scene and work stops, first aid is given, an ambulance takes the victim to hospital. It's time to get the factory going again. But a machine needs repair, people have to be shuffled around to fill in for the injured person, overtime is necessary to catch up on quotas. All this costs the company money.

Santin likened the costs of an accident to an iceberg. "On top of the water are the direct costs, the money the WCB spends for medical treatment and benefits. But by far the largest portion of costs is under the water."

The instructor turned the discussion to the subject of investigation. "The six key questions for an investigator are who, what, where, when, how, and why." IAPA has designed a form that prompts the investigators.

The class tested the process with a simulated case study. Bill Jones hurt his knee when he slipped on some oil in the factory. The class suggested questions designed to get the most important information.

Why was the oil in the aisle? A fork lift truck had a leak in the seal. Why was the truck in use if the seal was leaking? There were no seals available, so the truck was operating until they arrived. Why didn't Bill see the oil? The lighting in that area was poor.

Getting to the Basic Causes — and Prevention

Gordon and his team filled in the IAPA's accident investigation form showing the immediate cause — Bill slipped on a patch of oil because he didn't see it. They then looked for basic causes. There were inadequate maintenance procedures and standards allowing a leaky truck to remain in operation. Stock control was faulty if there were no seals available. The lighting wasn't good enough if oil on the floor wasn't clearly visible.

Finally, the all-important last step. What actions will prevent recur-

rence? Employees need to pay attention to walking surfaces. Oil spills should be cleaned up immediately. The maintenance manager should review stock levels regularly. Pre-shift checks of equipment should be instituted and drivers should be trained to do simple repairs.

At the end of the exercise, Santin noted that too many companies clean up an oil spill without ever looking at why it occurred. Others take a blaming attitude: "Bill was careless. If he'd been watching what he was doing, this never would have happened."

Gordon flushed at that. He recalled a recent occasion when he had angrily berated the victim of a minor finger injury for his carelessness. How and why had that box fallen during loading? Perhaps it hadn't been the man's fault after all. Come to think of it, there had been a number of injuries from falling boxes in the plant recently.

Accident ratio

Source: Frank E. Bird Jr.,
International Safety Academy

1

10 minor injuries

30 property damage accidents

600 incidents — no injury or damage but capable of producing same

For every serious or disabling injury there are



This scene, from a current WCB television commercial, shows an "incident" that could turn into an accident. Mishaps on the job should be carefully monitored, because they often are warnings of problems that could lead to accidents.

Investigation Step by Step

Carl Hornlehnert outlined the procedure to follow when an accident has occurred.

- Look around at the accident site. If possible, take a photograph. The scene should be cleaned up quickly, but a record of how it looked will help in the investigation.

- Ask questions of the victim, witnesses, and others who might know something. Put the person you're talking to at ease. Explain that you want facts, not someone to blame. Emphasize that you want to prevent recurrence. And, if possible, do the interview at the scene of the accident. Follow up with questions to clear up details.

- The next step is to sort out the information. Trace the accident back to its basic causes. Then come up with prevention ideas.

- Finally, act on the prevention recommendations.

Gordon thought back to falling-box incidents in his plant. He could

recall four separate instances of badly crushed fingers in the last six months. There must be a basic cause that the company could work on.

At lunch time, Gordon and his class mates discussed the potential for accident investigation at their own work places. They were beginning to appreciate the value of the course: it certainly wasn't just a day away from the plant.

After lunch, a slide show demonstrated how easy it is to get several versions of the same event, and the class viewed a film and went through a practice investigation of the accident described in the film.

Hornlehnert told the class that they would each get a certificate for completing the course. Gordon smiled to himself. He would hang it up in his little office. He might not have a B.A. to frame, but this diploma could be more useful to him.

On his way home, Gordon was more alert than usual. He saw a car about to go through a stop sign and braked in time to avoid an accident.

At home, a shovel had been left on the driveway; he picked it up before anyone tripped over it. And then he thought, "Tomorrow I'm going to find out about those finger injuries and I'm going to get something done about them."

IAPA Courses

IAPA has run a course in accident investigation for several years, but last year the course was revised. Murray Trott, manager of education services, says, "We wanted to place an even greater emphasis on basic accident causes, so a company can find ways of preventing similar mishaps."

IAPA runs the one-day course two or three times a month at its Education Centre, 342 Wildcat Road, Downsview. The cost is \$10 for member companies of the IAPA, \$15 for others.

IAPA also offers other courses on all aspects of accident prevention. For more information, write to the Education Centre or call (416) 965-8888, local 52.

THERE'S NO BUSINESS LIKE SHOE BUSINESS

Joe Nestoruk and his staff, with pride of workmanship, are keeping alive an old-world craft in a new-world setting.

Within the WCB's Hospital and Rehabilitation Centre is a workshop that is redolent of the rich smell of well tanned leather. Overseen by Joe Nestoruk, who came to Canada from the Ukraine — via a round-about route spanning several decades and over a dozen countries — the orthopaedic shoe section produces footwear and other special apparel for injured working people.

Nestoruk says, with some modesty, "I am not a businessman. I am a shoemaker. In the Ukraine I

went to school until I was 13. I learned three languages, geography, history, all those things. I entered an apprenticeship for three years after that, and I received my diploma. In those days there were no factories to make shoes; they were all made by hand."

Dr. Tom Fried, who co-ordinates paramedical services at H&RC, is complimentary. "Joe is much more than a shoemaker. He consults with Head Office, with doctors here, and other medical people outside the



Board as well. Our orthopaedic shoes can do much more than fit the feet they are designed for; they can help adjust a person's posture to compensate for a bad back, and make it possible for people who have painful residual problems from foot injuries to work again."

You get an idea how it all works by listening to a discussion between Nestoruk and Dr. Fried. Holding aloft a circular piece of rubber with straps attached, Dr. Fried says, "This is a device we have come up with to minimize movement of the kneecap. It's useful for certain types of injuries. I call it the patellar brace . . . but come to think of it, it's not really a brace; so let's call it a support." Nestoruk likes this idea and another piece of medical paraphernalia is born.

At H&RC, Nestoruk can often advise about making shoes and other aids, since he has become an expert over the years. The idea is to figure out what causes the pain, and correct it. An injured person with scar tissue, whose foot has perhaps undergone skin grafting, will have special needs when it comes to finding shoes that fit and are comfortable, making a return to regular employment possible. Over the years, Nestoruk has picked up a knowledge of anatomy and he boasts a certain prowess in reading X-rays — a skill usually reserved for MDs. He says with pride, "I can make a shoe fit and a man walk. I find out what causes the problem and solve it."

Nestoruk has been at H&RC since its opening more than 20 years ago, and was in fact one of the first employees to move in. He had been on the Board's staff for a couple of years before that, so he can now be counted among the veteran employees.

The state of the art in shoemaking today is such that he must train his own staff. There is no formal training in Canada, he says — and be-



The shoemaker's craft lives on at the WCB's Hospital and Rehabilitation Centre at Downsview. This man was once an injured employee, collecting compensation from the WCB, but now he is part of a team making orthopaedic shoes for workers who have sustained foot injuries at work.

sides, his helpers now are all former H&RC patients who have developed shoemaking skills. The transition to more complicated orthopaedic shoemaking occurs under his special attention.

The orthopaedic shoe shop supplies footwear to all kinds of injured workers — taxi drivers, bush workers, miners, mechanics, they all come to him. Nestoruk has different designs for different applications, and he knows them all. This is not a one-shot operation. His customers are entitled to two, at most three, pair of footwear each year, and this is kept up until the service is no longer needed. A storage room contains boxes upon boxes of plaster

casts of feet. If Nestoruk gets a call or a letter from someone who needs a new pair of shoes, all he has to do is find the cast and fill the order. He also keeps casts of hands, since some of his patients require wrist supports.

Nestoruk's travels to England, Germany, and many other countries have added to his experience and ability as a shoemaker. "I picked up different things all over. It just happened that I came to work at the Board after I hurt my back and became a patient myself. When the people here at the Centre found out about my craft, I was hired on the spot."

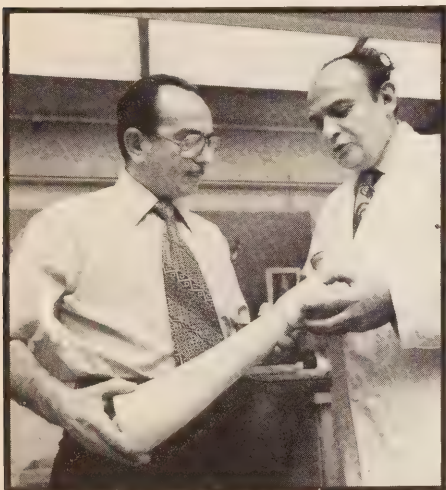
A combination of the finest leathers, often imported from Europe, and synthetic rubber crepe materials are used in the shop. He looks for the optimum in comfort, fit, and durability. He chooses the materials himself, and maintains sufficient supplies to enable him to turn out

three pairs of shoes daily, from scratch.

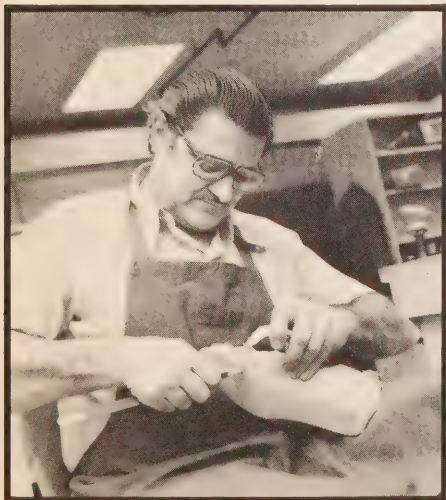
"Sometimes Head Office calls me to find out about a claimant's file," he says. "I keep my records right here," turning to an ancient green bank of files. "They go back to 1958, and everything is there."

A staff of eight do the cutting, sewing, gluing, and polishing in the orthopaedic shoe section, while Nestoruk co-ordinates and oils the squeaky wheels. He gets more than 50 new patients each year, and continues to service about 1200 permanent claimants.

The payoff for Nestoruk comes by mail mostly. "I get letters of appreciation from my friends all over the world. Some people move away to other parts of Canada, or to Europe, or to Australia, but they are still entitled and we keep on sending their shoes. I try to remember everyone, but you know, we are getting so big now. One thing though: I never forget a face."



Joe Nestoruk, the supervisor of H&RC's orthopaedic shoe section, discusses the fitting of a shoe with Dr. Tom Fried, co-ordinator of paramedical services. Models of customers' legs and feet are kept on hand for fitting new shoes, so orders can be filled by mail.



Various materials, natural and synthetic, are used to shape the soles of shoes. Sometimes amputations require special packing and moulding to get the proper fit for the shoes.



The final stage of shoe construction involves assembling the parts into a matched pair, ready to leave the shop — and ready to wear.

A CO-OP ADVENTURE IN TRADES TRAINING

A second chance to move up the totem pole

In an old converted textile plant on Toronto's Dupont Street, Tony Ricardo is preparing for a new future:

The 20-year-old high-school dropout, unemployed since being laid off his construction job last November, is taking part in a unique trades training program that will, he hopes, increase his chances for a job.

Jointly sponsored by Toronto-based construction firms and Local 183 of the Labourer's International Union of North America, the training program provides intensive 150-hour courses in the so-called "labouring" trades of construction: carpentry, the handling of reinforcing rods, and the building of footing forms.

Not only will the course cost the 43 students in the class no money but, as a matter of fact, they will gain a few dollars for each week of training. The Local 183 Training and Rehabilitation Centre — to give the school its full name — has arranged for the Canada Employment and Immigration Commission to pay each man 25 per cent of the unemployment insurance he would normally draw each week, as a trades training bonus. All the students are unemployed and all belong to the 8000-member Local 183.

Most are under 40. There is, in theory, no age limit for the courses, but school officials said some discretion must be used in choosing candidates because of the heavy work involved in some areas of the construction industry. All of the students must have had some experience in construction and all must be recommended by the company with whom they were employed.

Instructors are drawn from experienced construction workers, with the emphasis placed on practical experience rather than teaching

ability. The steel instructor, Luca Belsanti, is a veteran of 20 years in the trade. He, like the other instructors, teaches in English and shifts easily into fluent Italian or Portuguese in answering questions from students.

Joe Cararro, executive director of the Centre, says there is "a desperate need" for men trained in construction techniques. He would put no figure on the possible increase in pay his graduates could look forward to, but he says, "Their chances of getting a job will be better with this piece of paper in their hands."

"This piece of paper" is a diploma issued by the school following a stiff examination at the conclusion of the

course. Grades are rated by "stars" — one, two, or three — and it's evident that the students want to earn those stars. "How did I do?" was a common question at the conclusion of a recent course.

The construction industry is now familiar with the course, and site superintendents place great value not only on the program itself but on the grades received.

Program co-ordinator Eddie Thorton says the training scheme "should have happened 20 years ago." Based on his 16 years of experience in the construction trade, he believes that workers on a job usually perform at "about 60 per cent"



Safety training is part of the curriculum at the trades training school operated by Local 183, Labourers' International Union of North America, and Toronto-based construction firms. Here the students are taught the right way — the safe way — to properly sling bundles of reinforcing rods.

capacity because they lack formal training. He adds, "Now we are sending them men who can read basic drawings after only four weeks at our school."

As well as the elements of blue-print reading, students are taught how to convert from Imperial to metric measurements: this skill is needed because, while drawings may be done in metric, steel is still delivered by Canadian suppliers in Imperial measurement.

Anxious to establish a good reputation in the industry, the school maintains high standards in instruction and "on-the-job" behaviour. Instruction periods during the eight-hour day are run in a business-like manner — no fooling around, no horseplay, just serious concentration. "The courses are not very long," Thorton explains. "We have to make the most of the time we have."

Staff, students, and visitors wear hard hats in the teaching areas simply because safety on the job is a standard part of the curriculum. The construction industry in Ontario recorded more than 15,000 accidents last year, with over 25 per cent of them occurring in Metro Toronto. So the training program stresses safety. Students are taught the proper way to sling loads of steel that are to be hoisted on a crane. Eye protection, the use of safety belts, and good housekeeping on the job are drilled into the trainees as important aspects of the curriculum. The safety training is reinforced by a first-aid course given at the conclusion of the training period.

Enthusiasm runs high both among staff and students, and attendance so far has been almost 100 per cent. Only two men have dropped out since the training classes opened early in January, and they left because they were recalled from a lay-off. A student who is absent for three days without an acceptable excuse may be expelled from the course.

The school is administered by a trust consisting of representatives from both the union and construction companies, with the trustees serving on a rotating basis.

The annual budget of \$350,000 is



An instructor demonstrates the proper use of a power saw, complete with safety guard. The four-week course for construction workers includes a first-aid course to reinforce the safety program given in conjunction with trades training.

contributed by the construction firms in the Toronto area. As a part of their contract with the unions, each company contributes an average of four cents for each manhour worked.

Company/union training programs are not new. For many years the regulated trades — plumbers, electricians, and steam fitters — have sponsored apprenticeship training. But, as one union official pointed out, a journeyman only has so many minutes a day to teach his skills to an apprentice. The concentrated instruction offered by the Local 183 Training and Rehabilitation Centre jams an accelerated apprenticeship training into a short time period.

In this respect it is unique in Ontario. While some unions do provide some on-the-job training, this is the first time that a large-scale formal program has been set up in the province.

Although the courses are now limited to eight basic jobs, training will be provided in a specialized trade if there is sufficient demand. Cararro says plans are under way to request funds from the Canada Employment and Immigration Commission so that specially talented students can continue with advanced studies and be paid an on-the-job training wage.

In addition to the school, the Dupont Street complex houses a union hall, offices, and a dental clinic.

As a supplementary service to the trades training program, the union and contractors will soon open a rehabilitation centre for union members who have been injured on the job and, who, although able to perform light work, cannot return to their previous employment.

The rehab program, says Cararro, will complement vocational rehab programs offered by the Workmen's Compensation Board. The injured workers will be trained as building superintendents and as cleaners. The union already has an agreement with construction firms to hire these graduates.

Although only in operation for a few months, the training program has already drawn queries from other interested unions, and from U.S. labour leaders who have visited the facility to examine it first hand.

For Tony Ricardo and his fellow students, the training offers a chance to get out of a rut. The vagaries of construction work offer no solid guarantees for uninterrupted employment. "But," says Tony, "when I do go back to work, I won't be the low man on the totem pole."

SHORT TAKES

New accident poster available

Form 82 — the WCB poster that employers are required by law to post in their workplaces — has had a multilingual facelift. The new poster has English featured on one side and French on the other. Below the main text, in smaller type, the same information appears in Italian, Portuguese, and Greek, as well as French on the English side, and English on the French side.

This is the poster that outlines the responsibilities of both employers and employees when a work accident occurs.

The revised poster is available on request from the Communications Division of the WCB, at 2 Bloor Street East, Toronto, Ontario M4W 3C3, telephone 965-8722, or from the WCB area office nearest you. Please state the number of copies you need.

WCB introduces quarterly payment system for employers

From time to time the Workmen's Compensation Board makes changes in its administrative policy to provide improved service and convenience to its clients. In response to requests from employers throughout Ontario, the Board has instituted a system allowing most employers to pay their annual assessments on a quarterly basis.

The new system, which came into effect at the beginning of 1979, applies to employers paying annual assessments of \$500 or more. Letters explaining the system have been sent to all employers affected, as well as a payment schedule showing payment dates and interest accumulation for late payment.

The Board hopes that, by enabling employers to make payments four times annually instead of making one large payment once a year, it is helping them to better manage their cash flow.

WCB moves to streamline medical reporting

The WCB has appealed to all Ontario doctors who have been involved or may be involved in compensable cases, to help slash paperwork.

In a letter to the doctors, the Board explains that if the attending physician advises the estimated length of time an injured employee will be off work, benefit payments can be authorized and set up in advance. If, for instance, the doctor indicates the patient will be off for eight weeks from the date of examination, then payments can be planned for that period. At the end of six weeks a further report is requested and further payments can be authorized if justified.

If no prognosis is made then, the WCB has to contact the doctor each

week to request this information.

The letter points out that by providing the estimated length of disability, the doctors save unnecessary work both for themselves and for the WCB, and assist in ensuring that injured workers get their cheques as quickly as possible.

New programs for Italian community



The WCB is working to strengthen its relationship with the Italian community in Ontario.

In January, the Board appointed Rocco Lofranco as its ethnic coordinator. Lofranco and his staff will provide information to Italian-Canadians on the WCB's policies and procedures.

Lofranco emphasizes that other ethnic groups have not been forgotten. "This year, we're going out to the Italian community but if the program works, we'll extend it to other groups in the future."

Lofranco feels that the WCB is misunderstood in the Italian community. "Many people seem to think that the WCB is some sort of welfare agency when, in fact, it is a type of insurance taken out by employers for employees."

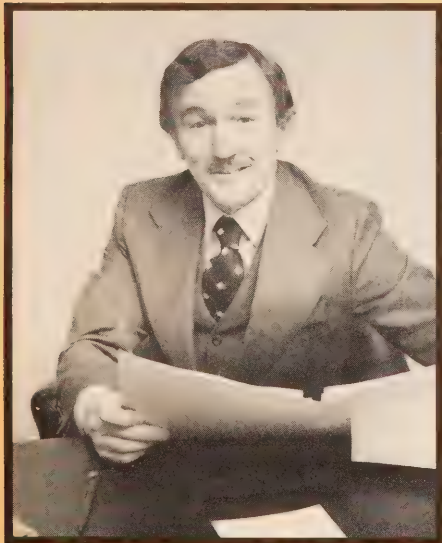
During the first stage of the program, Lofranco will be meeting with members of the Italian media

and arranging for the translation of the WCB information material into Italian.

In another move, the WCB is sending an employment specialist out to Italian businesses. Pat Lamanna of the Vocational Rehabilitation Division is visiting Italian employers individually and in small groups to talk about the advantages of hiring rehabilitated workers. So far, Lamanna says the response has been enthusiastic.

The WCB has also taken the first step towards an agreement with the Italian equivalent of the WCB, the Istituto Nazionale per la Assicurazione contro gli Infortuni sul Lavoro. Under the new agreement — the details of which still have to be worked out — Canadians receiving a permanent disability pension from the WCB who return to Italy may have medical reviews done by the Italian organization. The Ontario Board will then examine these findings to determine whether a pension adjustment is indicated.

Another new commissioner



A man who formerly worked in the financial and banking world has been appointed full-time commissioner of the Workmen's Compensation Board. The appointment of George W. B. Kay was announced by Premier William Davis on February 7, 1979. The appointment is to run until 1982.

Before joining the WCB, Kay was general manager of the Caribbean trust operations of the Canadian Imperial Bank of Commerce. The territory for which he was responsible included Jamaica, Trinidad, Barbados, and the Cayman Islands.

Kay was educated for the legal profession in Manchester and London, England. He served in the Royal Air Force during World War II, performing air-crew and legal-administrative duties with the rank of flight lieutenant. He is a past president of the Rotary Club and the Fort York Branch of the Royal Canadian Legion.

H & RC doctor an expert in sports medicine



Dr. Tom Fried, co-ordinator of Paramedical Services at the WCB's Hospital and Rehabilitation Centre, is gaining a reputation for his work in sports medicine.

This year, Dr. Fried was asked to speak at two international congresses on sports medicine — one in Rome sponsored by the Italian Federation of Sports Medicine, and one in Dubrovnik, put on by the Yugoslavian federation.

Dr. Fried says, "North America leads Europe in research on the scientific aspects of sports medicine but we don't apply it as well as the Europeans. Here, what we learn tends to stay in the laboratory."

In Rome, Dr. Fried presented a paper on the control of pain in sports

without the use of drugs. He discussed the use of acupuncture and muscle stimulation to reduce pain. At the Yugoslavian conference, Dr. Fried presented a paper on pain control and one on the medical management of sports teams abroad. This paper looked at the duties of the team doctor.

Dr. Fried puts his research into practice in a variety of ways. He is team doctor for several soccer teams, including the Toronto Metros, and was a member of the Canadian medical team at the Montreal Olympics in 1976.

Dr. Chovil continues anti-smoking campaign

Dr. Alan Chovil, the WCB's industrial medicine consultant, will be a speaker at the annual American Occupational Health Conference in May. At the conference in Anaheim, California, Dr. Chovil will present a paper entitled "Can modern theories of carcinogenesis provide a rational approach to determining priorities in cancer prevention?"

Dr. Chovil quotes statistics on the incidence of cancer in Canada. "Although the total number of cases has risen, most types of cancer are on the decline; only lung cancer shows a startling increase." Dr. Chovil estimates that 90 per cent of lung cancers are related to smoking.

Dr. Chovil is optimistic that the anti-smoking campaigns of recent years may produce results further down the road. "Most cancers have a latency period — they develop several years after exposure to a cancer-causing agent. So, the cancers we're encountering now are related to smoking several years ago."

In previous papers, Dr. Chovil has discussed the relationship between smoking and occupational lung cancer. He concluded that smoking increases the impact of other cancer-causing agents.

"Smoking is one of the causes of cancer that we can do something about. We have to convince people to quit."

Industrial Medicine GETS A SHOT IN THE ARM

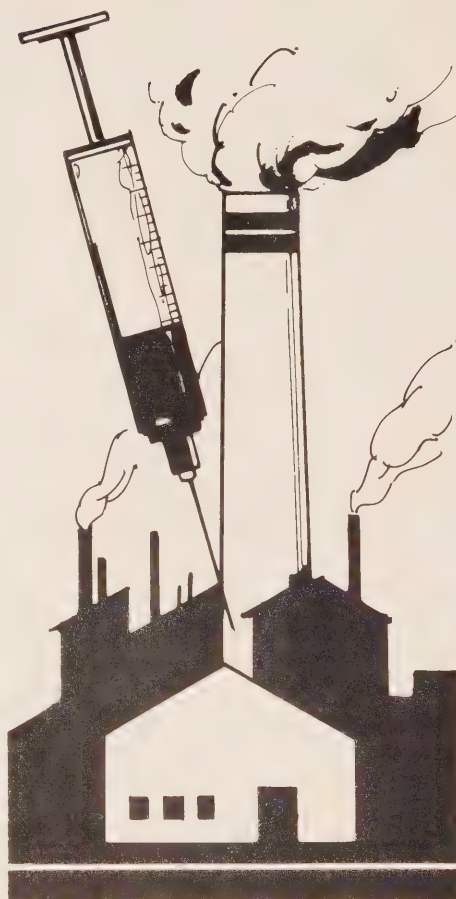
McMaster meets the demand for industrial hygienists

Increasing attention is focussing on health services in the workplace. Occupational safety and health are coming to the forefront in Ontario, as medical facilities, industry, and government strive to reduce the hazards of the work environment.

In February, McMaster University in Hamilton began a program designed to provide basic instruction in the principles of occupational health and safety. Physicians, occupational hygienists and nurses, and other professionals such as engineers are among those for whom the course is designed.

Bill 70, which was passed by the Legislature in mid-December of last year, enables the Ontario Ministry of Labour to ensure that companies maintain adequate health and safety staff. The bill has given added impetus to university and college programs that offer training courses for satisfying this need. According to Dr. Rodney May, deputy minister of Labour in the Occupational Health and Safety Division, "The Ministry may direct a company to establish a health and safety program, as well as determine the level of training required. Naturally, this will depend on the past performance of the company." The Ministry may require, for example, that the company hire a physician and/or trained nurses to satisfy requirements. Dr. May says the emphasis is not on government control — "The responsibility is being directed back to industry, where it belongs."

The part-time program at McMaster is the first of its kind in Canada, and is intended to fill a gap. There are simply not enough trained experts in the field of industrial hygiene. Courses are not conducted in a lecture-style environment, but by group investigation. Problems are assigned to work groups and are



attacked through laboratory and library research and visits to industrial sites. Medical and industrial experts are available to offer advice and maintain control on the work.

Co-ordinator Helen Fulton says the program has been under discussion for five or six years, but recent developments have increased the need for trained industrial hygienists and health and safety experts. McMaster maintains a staff of nine physicians, three hygienists, and an occupational health nurse; the University's well-equipped research laboratory facilities support the program. Mental and physical health — including exposure to chemicals and dust in the environment — and noise levels and physical safety are all key areas of research. As new hazards

are uncovered, McMaster will look into the problem of managing costs of reducing these dangers.

The university plans to offer part-time courses twice annually, in the fall and in the winter. Two-week full-time courses will also be run in the winter and in the spring.

Topics covered in the courses include:

- recognition, evaluation, and control of physical, chemical, and psychological hazards in the workplace
- the establishment and administration of occupational medical, nursing, and hygiene departments including budgeting, staffing, and equipment
- application of epidemiology and statistics to occupational situations
- principles of biological control
- rehabilitation and employment of disabled workers
- legislative aspects of industrial health.

Participants are required to hold university degrees, usually in a related field. Those completing the course will be awarded diplomas.

The University of Toronto and Humber College also offer training in the occupational health field. The U of T graduate school offers a Master of Health Science degree, which requires 22 months of study, at least one year of which must be full time. As well, the University offers a diploma in industrial health, a nine-month part-time program by the Faculty of Medicine.

At Humber, the Centre for Labour Studies offers an industrial hygiene program and a technology program covering hygiene, safety, and fire protection. These are designed with a view to developing both technical skills and a knowledge of the political processes involved.

SAFETY LINES

Larry E. Swinn, public relations co-ordinator for the Farm Safety Association, is the guest columnist for this issue.

Farm Safety — New Programs for an Old Problem

The Farm Safety Association is the newest — and, with only ten staff people, one of the smallest — of Ontario's nine safety associations. Established in 1973, it is the only organization of its type devoted to promoting health and safety to agriculture in North America. Developing meaningful programs for 22,000 agricultural employers is a big job, but in six years the Association has integrated its programs into the farm community in Ontario.

One problem the Association faced at the beginning was staff resources. Agricultural health and safety experts were just not available, and priority was given to developing the necessary expertise so that the association could develop credibility and establish a rapport with farm employers. The success of the Association's programs has been largely attributable to this staff development.

Farming can be a hazardous occupation. Injury frequency in farming is next to that of the mining and forest industries. Farming in Ontario — the most basic of all primary industries — is now extremely specialized and mechanized. In the place of the traditional farm of 30 years ago is a hybrid agricultural unit, the product of tremendous technological advances. In all likelihood it is controlled by a farmer who in appearance and actions is more

like a hard-nosed businessman than his stereotyped bib-overalled predecessor.

While this specialization has helped farmers to produce more economically, it has created some special problems in safety promotion. To respond to these needs, the Association has developed commodity safety programs. In 1976 a program designed for the 3000 tobacco growers in the province involved mail-out information, staff presentations, farm visits and media coverage. The result was a 20 per cent decrease in injuries that year. Buoyed by this success, similar programs have been arranged for the landscape, mushroom, and fruit and vegetable industries.

Because entire families, including children, often work together on farms, the Association has become involved in youth programs. Since 1976, safety presentations have been given to more than 60,000 rural elementary school children. Plans are under way to change the format and expand the school program.

Farm Safety 4-H Clubs are another focus for safety promotion to farm youth. In 1978, 16 clubs were involved in projects ranging from first-aid instruction to safety seminars and community events. Several years ago, the Association, in co-operation with the Ontario Junior Farmers Association, introduced a tractor rodeo designed to increase

skill and safety awareness.

The Association co-operates in the teaching of health and safety in colleges offering agricultural technology programs; because many graduates of these colleges return directly to the farm, the benefits of these courses are readily recognizable.

With 22,000 agricultural employers in the province, farm visits are necessarily selective, and the Association concentrates on large agricultural employers and those with obvious injury problems. Services to these employers include safety audits and supervisory or management training in safety management.

An expanding information program complements the safety promotional efforts. The Association publishes booklets, fact sheets, and a bi-monthly newsletter. Films are available to employers and agricultural organizations.

The Association sponsors and provides resource personnel for 25 county farm safety associations, which promote safety on a local level. The Ontario Ministry of Agriculture and Food's county agricultural offices also support the Association's programs.

The Association, regarding most of its programs as long-term, is confident that its approach to safety and health issues will eventually pay off with a reduction in farm injuries.



The Farm Safety Association's tractor safety rodeos promote skill and safety in handling farm equipment.



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WCB Report



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Summer 1980

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A black and white photograph showing a close-up of a hand holding a lit cigarette. The cigarette is held between the fingers, and a small amount of ash is visible at the tip. The background is a plain, light color.

**Smoking
and the
workplace**

Contents

Getting in touch

4 Biofeedback can help patients fight pain by teaching them to control their body functions. With an increasing number of therapeutic uses being discovered, biofeedback appears to have great potential for the future.

Where there's smoke...

7 Smoking has a profound impact in the workplace: Besides contributing to medical problems, the tobacco habit takes a severe toll in economic costs.

Information Central

10 The new Canadian Centre for Occupational Health and Safety in Hamilton will provide a central information source on health and safety issues, according to its president, Dr. Gordon Atherley.

Taking the helm

12 As a lawyer, former MP and federal labour minister, Lincoln Alexander has been oriented towards "people issues" for a long time. As the WCB's new chairman, he's eager to apply that experience.

Photography on cover and page 8 by Claude Noel; pages 4-6 and 13 by Michael Hollett. Illustrations pages 3 and 11 by Paul McCusker, Controlled Chaos.

WCB Report

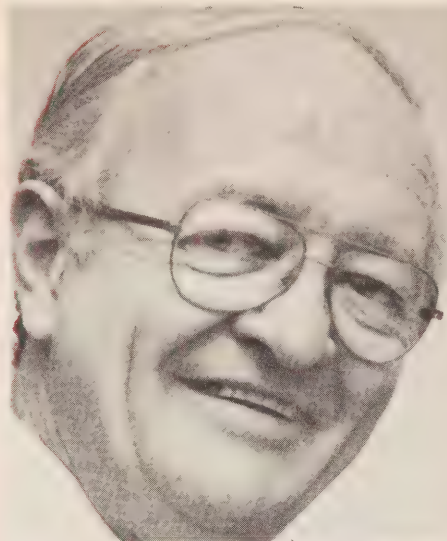
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Editorial Staff: Michael Hollett, Joan McCracken, Ted Mumford

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SHORT TAKES



T.D. Warrington

T.D. Warrington new vice-chairman

Thomas D. Warrington is the new vice-chairman of appeals, effective May 1.

He replaces G. W. Reed, Q.C., who is retiring from the Board after six years as vice-chairman.

Warrington joined the WCB as a commissioner in 1977. In 1978 he was appointed to the corporate board as a commissioner of appeals.

Prior to joining the Board, Warrington was president of Central Rigging and Contracting Ltd. of Rexdale. A former president of the Toronto Construction Association and lecturer with the American Management Association, he has extensive experience in labour relations.

Warrington's community involvement has included service with the Toronto Historical Board, the Juvenile Diabetes Research Foundation, the committee for the restoration of St. Lawrence Hall and the executive committee of Etobicoke General Hospital. He is a recipient of both the City of Toronto Medal and the Canada Centennial Medal.

WCB, Italian board sign understanding

Ontario's WCB and its Italian counterpart INAIL signed a memorandum of understanding to provide reciprocal services for injured employees in February. The understanding, signed in Rome by WCB chairman Michael Starr and vice-

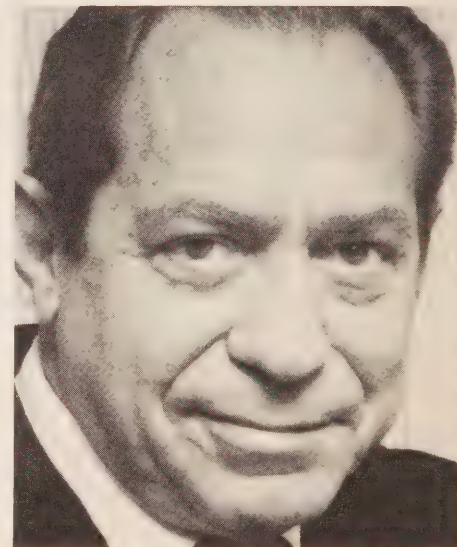
chairman (administration) A. G. MacDonald, followed a year of negotiations between the WCB and the Istituto Nazionale per l'Assicurazione contro gli Infortuni sul Lavoro (INAIL).

The understanding is aimed at helping workers who have moved to Italy or Ontario after being awarded disability pensions in the other jurisdiction. Rather than travelling back to the country where the injury occurred for any further necessary medical treatment or examinations, these workers may be re-examined in their country of residence. The WCB or INAIL physician will send re-evaluation reports to the responsible board for consideration. Related necessary medical expenses will be paid by the board covering the injury.

The two boards also agreed that if a worker has contracted an industrial disease due to exposure to conditions in both countries, compensation and medical treatment will be paid for by the board in the country where the last exposure occurred.

A joint committee of the two boards will meet alternately in Rome and Toronto to monitor the understanding, settle disputes and deal with any future amendments.

McEwan, Regimbal new commissioners



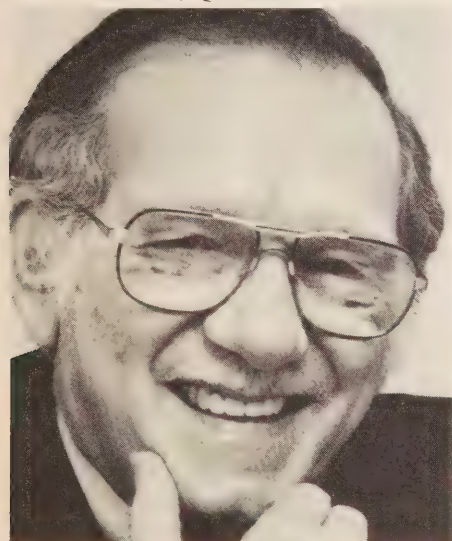
T.A. McEwan

Thomas Arthur McEwan is the WCB's newest commissioner of appeals. Roger E. Regimbal is the newest commissioner.

McEwan was appointed to his post May 1 while Regimbal received his appointment April 1.

McEwan joins the WCB's seven-member corporate board in addition to his duties as a commissioner of appeals. Prior to joining the Board, McEwan was president of Hartz Standard Ltd. of Toronto. He has served as chairman of the board of governors at the University of Guelph and as president of the Ontario Society for Crippled Children. McEwan is a graduate of Queen's University and the University of Toronto, and has wide experience in business administration and education.

Regimbal brings 35 years of experience in labour relations and personnel management to the Board. Born in Sudbury, Regimbal is well acquainted with northern Ontario. He has a master's degree in industrial relations from the University of Montreal and has worked as personnel manager for Dominion Textiles of Montreal, director of labour relations for the Professional Association of Industrialists, and as director and assistant to the president, Ayers Ltd. of Lachute, Quebec.



R.E. Regimbal

New booklet lists occupational diseases

The WCB's new Occupational Diseases booklet is a handy reference to occupational hazards and diseases recognized by the Board.

The booklet lists various symptoms and diseases, the agents or substances that may cause them and the occupations where they may be found. The listings are broken down into three categories: biologic hazards (such as infectious diseases and certain plants and woods); chemical hazards; and physical agents (such as radiation, noise, heat and cold). A separate set of listings indexes hazards by occupation.

The booklet also explains the claims

procedures and medical considerations involved in the adjudication of occupational disease claims.

Copies of the booklet may be obtained at a price of 50 cents each from the Ontario government bookstore, 880 Bay Street, Toronto; telephone (416) 965-2054.

Law expert studies compensation system

Paul Weiler, former head of the British Columbia Labour Relations Board, is conducting a year-long, one-man study of the Ontario workmen's compensation system.

Labour Minister Robert Elgie announced the appointment in February. A former Harvard law professor, Weiler has extensive experience in labour and administrative law.

The study will examine and make recommendations on the workmen's compensation system, including:

- the Board's decision-making procedures
- the review of Board decisions by external tribunals, courts or the ombudsman
- the compensation of injured workers and their dependents
- methods of periodic review of compensation payments
- methods of financing the compensation system designed to promote occupational health and safety
- the relationship between the Board and the labour ministry's occupational health and safety division
- the role of workmen's advisers
- the regionalization of claims adjudication

In May, Weiler began holding interviews in Toronto with individuals and groups with concerns about Ontario's compensation system. Interim recommendations to the minister are expected by fall 1980, with final recommendations to follow by the summer of 1981.

Board hosts vocational seminar

More than 170 delegates from around the world attended an international vocational seminar hosted by the WCB in Toronto from June 16 to 18. The seminar was held in association with the World Congress of Rehabilitation International, which took place in Winnipeg from June 22 to 27.

The seminar's theme was "Employment of the Handicapped—the Goal of Integration and Safety in the Workplace." After attending sessions on topics such as

sheltered employment, safety in the workplace, schemes for full employment integration and community living for the severely handicapped, the delegates toured the WCB's Hospital and Rehabilitation Centre in suburban Toronto. The vocational commission of Rehabilitation International held its annual meeting at the Board's hospital on June 18.



Board now offers free phone access

Ontario residents can now telephone their local WCB office free of charge, even if they live outside of the office's free calling area.

It's part of the Board's participation in the Ontario government's "Project Access."

Callers who can only reach the local Board office by phoning long distance will be able to contact the Board free of charge by requesting a zenith number from the operator.

Throughout Ontario, except Toronto, the Board's number is zenith 61700. In Toronto, because of the many divisions at the Board's head office, there are 29 different zenith numbers.

The Board's zenith number is listed in the new government "blue pages" section in local telephone directories as the directories are issued.

By dialing "operator" and giving the WCB's zenith number, a caller will be connected with the appropriate Board office. Bell telephone operators can determine from the caller's telephone number which area office the inquiry should be directed to.



'Self-help' treatment

Patients learn to help themselves with biofeedback

By MICHAEL HOLLETT

The saying, "If you want to get something done right, do it yourself" could well serve as the motto for the therapy technique known as biofeedback.

The patient plays the key role in biofeedback therapy. It is a drugless approach that relies on the initiative of the patient for success. Biofeedback has helped patients cure migraines and other serious headaches, gastro-intestinal problems and back pain, among other conditions.

Using biofeedback monitoring equipment, patients can learn to control what were once thought of as involuntary bodily functions. Some of these functions include muscle tension, heartbeat and body temperature. Utilizing different pieces of equipment, biofeedback therapy provides external signals about the internal state of our bodies.

Muscle contracts

For example, when a muscle contracts, tenses or is used in some way, it generates an electrical discharge which some biofeedback equipment can monitor. Once patients are aware of the state of activity of their muscles they can be trained in biofeedback and are then better equipped to control it.

The electromyograph (EMG) has proven useful in helping patients alleviate muscle tension, including muscle contraction headaches. Through electrodes attached to the patient's forehead, the EMG records the electrical discharge or tension of the muscles contributing to headaches. The patients are given relaxation training and they try to reduce the tension level, as recorded on the EMG. Even the most minor changes in tension level are recorded, giving the patient visual reinforcement to continue with the therapy.

The same technique and equipment can be used to help patients suffering from muscle pain related to the spine.

The finger temperature trainer is useful in helping patients to learn to avoid migraine headaches. Generally, a patient's hands will become cold about half an hour before a migraine attack. If this



The electromyograph, one of the most commonly used pieces of biofeedback equipment, measures muscle tension through the use of electrodes.

process can be stopped, usually the headache can be averted. By monitoring hand temperature with biofeedback equipment and teaching patients how to mentally raise their hand temperature, they can learn to stop a migraine attack.

Biofeedback equipment can also monitor certain gastro-intestinal problems and anxiety-related emotional reactions.

Biofeedback can determine when a patient is experiencing anxiety, such as when his or her hands begin to perspire for emotional reasons. This can be useful in psychological treatment.

All of these areas are of great interest to members of the medical community involved in occupational health and safety. Thousands of person-hours a year are lost

in Ontario and much pain is caused because of headaches and other problems that can be treated by biofeedback.

York University professor Michael LaCroix, a leading researcher in the field of biofeedback, explains the principle of the treatment: "In many ways, biofeedback is not that different from the way a child learns to use his muscles and learns to adjust activity to get a reaction.

"Biofeedback provides the same kind of training, it gives patients a kid's type of feedback. Somehow they make their muscles do something and they get a reaction, a reading on the biofeedback equipment."

LaCroix is involved in a considerable amount of biofeedback research and among his projects are two studies he is conducting in conjunction with the Ontario Workmen's Compensation Board (WCB).

LaCroix is working with Carson Bock, supervisor of counselling services at the Board's Hospital and Rehabilitation Centre (H&RC) in suburban Toronto and with Neville Doxey, clinical coordinator of the counselling services. The H&RC is a 524-bed hospital operating exclusively in the field of rehabilitation medicine. Bock is a strong believer in the value of biofeedback, especially in the treatment of work-related problems.

On Bock's initiative, the Board was one of the first institutions in North America to use biofeedback.

Paid attention

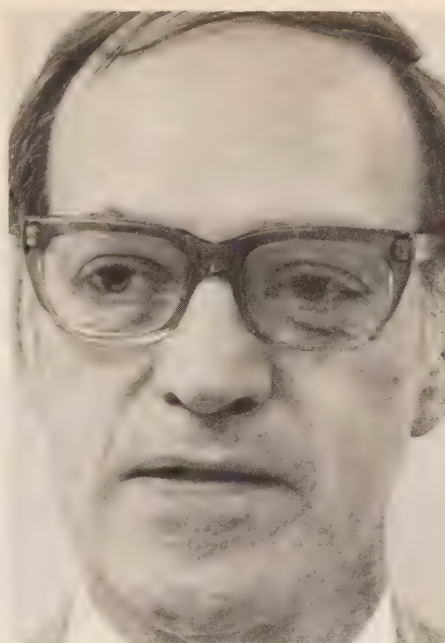
"At the time biofeedback first came on the scene I paid attention to the literature. When the early results started coming in, they were working in an area of particular interest to us, tissue tension pain headaches. Their results were encouraging so I thought it was an area we should get into," says Bock.

"Anything that has the possibility of making people better is of interest to us."

Close to 30 per cent of the patients at the H&RC suffer severe headaches at least once a week.

Bock says, "We are delighted and a little astonished that biofeedback treatment has been so successful at the Centre."

He explains that while the treatment was initially used only to help cure headache problems, the Board now successfully uses biofeedback treatment to alleviate back pain. The Board is also looking into using the treatment to help with vibration induced white-finger disease and to help amputees raise the temperature of their stumps. This aids in



Carson Bock

the fitting of artificial limbs.

Both of the studies Bock is working on in conjunction with LaCroix are aimed at examining the effectiveness of biofeedback treatment for tissue-tension backache and headaches.

One study will examine which type of biofeedback is best for treating migraine headaches: temperature feedback or EMG monitoring. This will be the first in-depth medical study in this area.

The two are also studying effective use of EMG for tissue tension backache and headaches. In this study the relationship between biofeedback therapy and relaxation training, a key component of the treatment, is examined. Factors to help determine which type of patient will respond best to biofeedback therapy will also be looked at. LaCroix and Bock will examine H&RC patients suffering from both backache and headaches in this study.

Biofeedback's application in the treatment of back problems is very important to the WCB because back injuries account for a quarter of all work injuries causing lost production time in Ontario each year.

Bock explains that biofeedback techniques used in treating headaches can also be successfully applied to backaches.

"A lot of backaches work very much like headaches," he says.

"In both cases tissue tension is ultimately causing pain. We also find that backaches can often lead to headache problems. It's partially for these reasons that we at the H&RC are concurrently studying biofeedback treatment of back-

aches and headaches."

Dr. Neville Doxey, a psychologist, is a member of the Board's counselling team at the H&RC and is a firm believer in biofeedback. He was still in university when biofeedback made its appearance on the medical scene and his PhD thesis examined the therapy.

Doxey explains biofeedback use at the H&RC: "A key aspect of biofeedback treatment at the hospital and anywhere else, for that matter, is that it is not passive. Unlike many other types of treatment, to get anything out of biofeedback, a patient must do a lot of the work himself. The role of the biofeedback therapist is to serve as a coach.

"We give the patient the tools, but from there it's up to the patient. For example, we can explain to a patient that he is suffering severe pain because of a muscle contraction headache. And we can show him the tension in his head muscles with the EMG. Finally, we can give him a number of different relaxation techniques to help relax these muscles so the pain will go away, but if the patient will not apply himself and try to relax, there's not much in biofeedback for him."

Doxey explains that this is why patients who are given biofeedback therapy are carefully selected.

Tissue tension

"There's no point investing time and energy—the patient's and our staff's—in biofeedback therapy if the patient is not suited for the treatment."

Passive patients, who expect a cure for all of their ills to be handed to them in pills, would not be good subjects for biofeedback. But, says Doxey, since the patients at the H&RC come from the labour force, they tend to be motivated individuals eager to get back to work. Rather than being plagued with passive patients, counselling staff are more likely to run into problems with patients who want to be cured immediately, who don't have the patience to stick with biofeedback.

"It's for this reason that we make a point of thoroughly explaining the principles of biofeedback to our patients before they begin the treatment. We are convinced that if patients really understand the therapy, then they will stick with it. Generally, our results bear this out."

Doxey says biofeedback therapists must always keep in mind that every person has a unique response to stimuli.

"When using the finger temperature trainer to monitor hand temperature in migraine sufferers you have to be careful



Clockwise from the upper left are four of the most commonly used pieces of biofeedback equipment: a blood pressure monitor used to measure blood pressure; an electromyograph (EMG) used to measure muscle tension; a finger temperature trainer used to monitor a patient's hand temperature; and, another model of the EMG.

not to impose your perceptions and prejudices to a patient. For one patient fire is a warm, inviting image that conjures up thoughts of comforting campfires. This would successfully help raise the hand temperature. But for another patient, fire might represent terror and burning, sending the hand temperature plummeting.

"The same possibilities exist for relaxation. That's why at the hospital, we offer patients a selection of relaxation techniques and finally they choose the one that is best for them," says Doxey.

H&RC staff offer relaxation classes every day of the treatment week and generally a different relaxation technique is featured each day.

Patients attend these general sessions and, after being introduced to a number of techniques, they choose the best one for them and spend their time concentrating on this technique.

While biofeedback equipment is now extremely sophisticated, a factor that delayed the development of the therapy was the technological limitations of early equipment.

Until 1970, the technology needed to conduct biofeedback therapy at today's level did not exist.

LaCroix says, "Electronically we have made giant leaps. In 1964 a crude form of biofeedback equipment cost \$5,000 and could only monitor one response. Today, it's possible to buy a much more sophisticated piece of equipment, capable of

monitoring four responses for \$8,500, and that's 1980 dollars compared to 1964 dollars.

"Previous biofeedback equipment gave a printout that had to be analysed by trained staff, and which often took up to a week. Today the equipment gives immediate responses with gauges or digital readings. This is a great step forward in providing patients with immediate feedback for their efforts.

Giant leaps

"Biofeedback technology has advanced as rapidly as calculators."

LaCroix explains that besides the technology problems, another roadblock to biofeedback development was an attitude among some members of the scientific community.

"Many of them simply did not accept the idea that people could learn to control what were viewed as involuntary functions of the body. It was felt that, for example, if a patient was capable of increasing his heart beat, it must be through a 'voluntary' activity such as running on the spot and not as a result of a conscious thought process.

"Finally this argument simply lost credibility when practical experience showed that people could learn this control without having to rely on a voluntary physical activity to get the desired response."

LaCroix says that undoubtedly the trend towards self-reliance, self-help and

learning to control and understand one's body that developed in the late 1960s and early '70s played a role in the development of biofeedback.

LaCroix is "excited" about the potential of biofeedback but is quick to say of its relatively brief history, "ten years is a terribly short period of time in medicine."

"We have made giant leaps in the use of biofeedback but there is still a lot we haven't learned," says LaCroix.

And what does the future hold for biofeedback? Says LaCroix, "It's boundless, we just don't know how many applications we can find for this therapy."

LaCroix says doctors and scientists are constantly finding and experimenting with new applications for biofeedback therapy. Work is being done now to help patients suffering from muscular dystrophy to gain more control over their bodies through biofeedback therapy. Biofeedback is being used to help epileptics to anticipate and reduce the intensity of their attacks.

Doctors at Baltimore City Hospital are using biofeedback to help patients suffering from preventricular contractions (PVC). Patients suffering from this disorder have irregular heartbeats and preliminary results show biofeedback can be useful in helping patients get their heartbeats back to normal.

"Basically, we're still at the beginnings of biofeedback," says LaCroix. "It's exciting to be at the beginning of a new field."

Smoking and working:

They make a costly and unhealthy combination

By TED MUMFORD

Today most people recognize the "evils" of smoking: It's bad for your health, hard on your pocketbook, and irritating to some of the people around you.

What is less appreciated is that these evils loom larger in a workplace setting. Consider these figures:

- A study of asbestos workers in the U.S. by Dr. Irving Selikoff concluded that exposure to asbestos dust increased non-smoking workers' risk of developing lung cancer by three times. While smoking is considered to raise one's lung cancer risk 15 to 30 times, Selikoff found that the combination of asbestos dust *and* smoking sent the risk soaring to 92 times the normal level.

- The owner of a Drummondville, Quebec firm offered \$500 to any of his office employees who would quit smoking. All 17 members of the office staff earned the \$500, and the owner calculates that he soon made his money back in savings on housekeeping and reduced absenteeism.

- A survey of 5,000 Health and Welfare Canada employees found that 51 per cent were non-smokers, but 69 per cent of *all* respondents were bothered by cigarette smoke at work.

While the wide social acceptability of smoking has meant that research into its effect in the workplace has been scant, the studies that have been done reveal a profound impact on both workers' health and employers' bottom line.

As smoking's effect on health has come to light in recent years, so has its ability to interact with some toxic substances in certain circumstances. The most dangerous aspect of the partnership is known as "promotion" — when smoking multiplies the risks created by toxic materials in the workplace and elsewhere.

Aside from carrying its own payload of carcinogens (cancer-causing agents) into the respiratory system, cigarette smoke destroys the system's natural defence, the tiny hair-like cilia which line the larger airway passages. When the clearing activity of the cilia is impaired, toxic substances are more likely to find their way into the lung tissue, rather than being expelled in mucus.

In a paper reviewing research into the

relationship of smoking and occupational lung cancer, WCB industrial medicine consultant Dr. Alan Chovil concluded that smoking's promotion role has been confirmed for two substances: asbestos dust and radiation. Dr. Chovil found that, unlike Selikoff's asbestos research, most studies unfortunately did not take smoking into account.

A landmark study into the effects of radiation and smoking on lung cancer was conducted by Dr. V. E. Archer of the U.S. National Institute for Occupational Safety and Health (NIOSH). Archer found that non-smoking uranium miners had 6.5 times the normal risk of developing lung cancer, compared to 76 times for smoking miners. The agent was "radon daughters," the various sub-elements given off when radon is exposed to air and breaks down. It's theorized that smokers' exposure to this radiation is increased by the radon daughters' ability to adhere to smoke particles inhaled into the lungs.

(Smoking is now banned in Canadian uranium mines, and it's rarely — if ever — allowed in plants using asbestos).

According to NIOSH, there are other ways that smoking can interact with dangerous substances. Cigarette smoke can add to the levels of chemicals and gases — carbon monoxide, for example — in the air, and exceed safe levels. The heat of a burning cigarette (875 degrees centigrade, or 1600 degrees fahrenheit) can cause some chemicals to give off dangerous fumes. Cigarettes may also become contaminated by exposure to certain substances.

While the triad of cigarette smoking, an occupational carcinogen and lung cancer has only been confirmed in two conditions, Chovil says that "It's probable that with any pulmonary carcinogen, the smoker is already primed. The most practical and immediate way of reducing new occupational cancers is to concentrate on reducing smoking.

"Of course, controlling smoking should never be seen as a substitute for keeping the work environment safe. It's an *additional* measure."

Despite limited proof of promotion by smoking, the statistics in occupational lung cancer research can be incriminating. In a study of lung cancer among foundry workers at Dofasco in Hamilton, the company's medical staff found that while the propor-

tion of foundry workers who smoked was similar to that of the entire staff (53 per cent), 92 per cent of the 24 workers with lung cancer smoked. The occupational carcinogen couldn't be identified, but smoking is suspected of compounding its effect.

When smoking has had a magnifying or additive effect on an occupational exposure that otherwise might not have led to disease, where does the WCB's responsibility lie?

With the exception of five specific conditions, "We ignore the smoking factor in evaluating the merit of claims," says Dr. Charles Stewart, a WCB chest disease consultant.

Five conditions

However, Dr. William McCracken, the Board's executive director of medical services, stresses that future guidelines will place more emphasis on smoking.

"Our guidelines today are for exposures that occurred 20 years ago when there was little information on the effect of smoking on one's health," McCracken says. "There's no doubt in my mind that somebody working with asbestos or in a uranium mine today knows they're inhaling carcinogens by smoking. Future guidelines will take this into account."

Of the five disease guidelines that currently take smoking into account, different rates of compensation according to smoking history are established in only two: chronic obstructive lung disease in smelter workers, and Alpha I Antitrypsin deficiency leading to pulmonary emphysema. Research showed that smoking was of "overwhelming importance" in bringing on the diseases, according to Stewart, who worked on the claim guidelines for both conditions.

The chronic obstructive lung disease guidelines were adopted by the WCB in 1979 after a review of world literature and research by the Ontario Ministry of Health showed that smelter workers exposed to sulphur dioxide had an increased frequency of the disease.

Under the chronic obstructive lung disease guidelines, workers eligible for pensions receive various percentages of their "permanent disability-ratings," depending on their smoking history. Smokers receive 20 per cent of their permanent disability

rating (which is expressed as a percentage of the maximum possible compensation), ex-smokers receive 30 per cent and non-smokers receive 40 per cent.

While a United Steelworkers policy paper called the weighting of smoking in the guidelines "insidious and regressive," Stewart says they reflect the research, which showed that "occupational exposure had a marginal effect and smoking was the predominant factor." The Royal Commission on the Health and Safety of Workers in Mines (known as the Ham Commission) specifically suggested a maximum of 20 per cent for eligible workers, Stewart notes.

The "Alpha I" guidelines, also adopted in 1979, apply to workers suffering from pulmonary emphysema because of inherited shortage of the protective blood enzyme Alpha I Antitrypsin. Research has shown that smoking hastens the onset of emphysema in persons with this condition.

"While none of the world literature we reviewed indicated that industrial exposure could have an effect comparable to smoking, we assumed that it could at least have a partial or parallel effect," Stewart says.

There are several genetic deficiencies that lead to the disease, and the guidelines take their different effects into account: 25 or 50 per cent of permanent disability rating for smokers, depending on the deficiency, and 50 or 100 per cent for non-smokers.

WCB guidelines for two other industrial diseases don't specify different compensation rates for smokers and non-smokers, but include different "cessation interval" maximums.

In the guidelines for lung cancer claims from both coke-oven workers and Dofasco foundry workers, the required cessation interval (the time between the cessation of the occupational risk and the appearance of cancer) is 15 years or less for smokers and 20 years or less for non-smokers.

Risk declines

Stewart explains that the risk of cancer declines substantially after exposure of this kind ends (as is the case with smoking). The cessation interval clause draws the line between cancers that may be occupationally caused and those that develop too late to have been brought on by workplace exposure. Since smokers continually inhale carcinogens, their period of occupational responsibility is shortened.

The final condition for which the WCB considers smoking's effect is lung cancer caused by radon daughters. Smoking history is one of eight factors examined, Stewart says, "simply because smoking cannot be ignored in radiogenic cancers



A hazard in its own right, smoking multiplies certain occupational risks.

where there may be a promotional relationship. It doesn't penalize the smoker."

Beyond the suffering from disease and the compensation costs of smoking's twinning with some occupational exposures, there's a cost it exacts from all employers and employees:

- Kurt Baumgartner, executive director of the Canadian Council on Smoking and Health, estimates that an average smoker will spend between 15 and 30 minutes in the mechanics of smoking during an eight-hour shift.

- Baumgartner also cites research that show prohibiting smoking at work can slash housekeeping and cleaning bills 10 to 15 per cent, cut down initial construction costs and reduce air conditioning requirements.

- A study of 1,615 British office workers showed that the smokers complained of minor illnesses much more than the abstainers. The smokers said they were afflicted more often than non-smokers by 15 different minor ailments, including pains from head to toe, eye fatigue, colds, feeling "run down," stress and worry.

- Given the above, it's not surprising that the World Health Organization's Committee on Smoking pegged smokers' absenteeism 20 per cent higher than non-smokers. The U.S. Department of Health, Education and Welfare estimates that country's annual cost in lost productivity and absenteeism due to smoking is between \$12 billion and \$18 billion.

- A workplace where smoking is allowed is also more susceptible to fire than a no-smoking workplace.

- Eye irritation is just one of the side effects of smoking that can lead to accidents according to NIOSH. Citing a U.S. study that found smokers' accident rates were double those of non-smokers, NIOSH lists the other side effects as loss of attention, distraction due to coughing and preoccupation of the smoker's hands.

- Smoking-related disease contributes heavily to the cost of company disability pension schemes. Even greater than the increased risk of lung cancer from smoking is the threat it poses in circulatory problems such as heart attacks, strokes and arteriosclerosis (hardening of the arteries). Smokers suffer more from other types of cancer (throat, mouth and bladder) than non-smokers, and—significantly—are considerably more likely to develop respiratory diseases such as emphysema and chronic bronchitis.

- When a smoking-related medical problem causes an executive to die or retire prematurely, replacement costs can be astronomical. The Xerox Corporation estimates that it spends \$600,000 to fill the shoes of an executive who dies prematurely from a heart attack.

Smoking's effect in the workplace doesn't end with the havoc it plays with smokers' health. Across Canada and the U.S., non-smokers are becoming increasingly vocal in demanding smoke-free air.

Most experts agree that second-hand smoke can irritate the eyes, cause headaches and aggravate some existing allergies and respiratory and circulatory conditions. While there's no consensus on whether "second-hand smoke" can cause disease, the most recent medical research points in that direction. The first evidence that healthy non-smokers may be adversely affected by others' smoking came in an article in a March 1980 issue of the prestigious *New England Journal of Medicine*.

Drs. James White and Herman Froeb of the University of California made respiratory tests (of "forced mid-expiratory and end-expiratory flow rates") on 2,100 subjects broken into six groups according to their smoking and "passive smoking" habits.

A group of non-smokers who worked and lived in a smoke-free environment had the best scores. A group of passive smokers did not score as well, and fared only slightly better than the group of marginal smokers (cigarette smokers who did not inhale, as well as pipe and cigar smokers) and light smokers (one to 10 cigarettes a day). The remaining groups — moderate and heavy smokers — scored progressively worse.

White and Froeb concluded that chronic exposure to second-hand smoke reduces the efficiency of the lungs' small airways. An editorial in the *Journal* hailed their research as the first quantitative measurement of the effect of second-hand smoke on healthy non-smokers, but added, "There is no proof as yet that the reported reduction in airways function has any physiological or clinical consequences."

Passive smoking

The authors also found that the ventilation systems encountered in the study couldn't rid the air of the carbon monoxide produced by smoking. An article in the May 1980 issue of the *Journal of Science* came to the same conclusion for "RSP," or respirable suspended particulates: "The RSP levels generated by smokers overwhelm the effects of ventilation and inflict significant air pollution burdens on the public."

Passive smoking isn't a compensable condition with any workers' compensation board, but Dr. Stewart says as far as Ontario's WCB is concerned, "It's not inconceivable that some consideration could be given to it in the future."

"It's like anything else: If it can be shown that such an exposure in the workplace causes disability — and the exposure is limited to the workplace — there's no reason passive smoking shouldn't be con-

sidered an industrial disease.

"However, the amount of smoking in public places is going down and ventilation is better than in the past. The opportunity for exposure today is much less."

Stewart adds that it would be "desperately difficult" to separate second-hand smoke exposure at work from other places in a person's environment.

A 1979 WCB decision to pay the medical costs of a Toronto woman with asthma was widely reported in the media as an award for passive smoking. The Non-Smokers Rights Association, a Toronto-based national lobby group, hailed the decision as a precedent in workmen's compensation.

Some value

But the WCB decision clearly says the two principal factors that led to the award were the claimant's own hereditary allergy ("... there was a strong possibility that she would inevitably develop active asthma") and a faulty air conditioning system in her office (there were "unusually high concentrations of dust and tobacco smoke (caused by) a restructuring of the ventilation system and failure to properly recycle the air.") The decision stressed that the claim should be accepted "not because of tobacco smoke per se."

In his report on the claimant's condition, Stewart wrote, "Her reactivity to tobacco smoke is not an occupationally derived phenomenon — it has been one factor among several which together account for her asthma."

While media coverage on the case didn't reflect the actual circumstances, Stewart says its overemphasis on second-hand smoke "probably had some value in giving industry second thoughts about allowing smoking at work."

Garfield Mahood, executive director of the Non-Smokers Rights Association, says there's "no question" that employers' attitude towards smoking is turning around.

"The attitudinal change is quick and quite pronounced," Mahood says. "It's going right through to the presidential level in corporations."

Canadian data on how employers treat the smoking issue is scarce. In the U.S., a survey of 856 companies by the National Interagency Council on Smoking and Health revealed that almost half of the firms (which represented a cross section of industry and business) restricted or prohibited smoking in some or all of their operations.

A breakdown of smoking policy by area reveals that 69.5 per cent of the "blue collar" areas were under smoking restrictions or bans (usually to conform to safety

and health regulations), but only 25.7 per cent of the "white collar" and 20.5 per cent of the dining areas had no-smoking sections or an outright ban on smoking.

Even the high blue-collar figure may be misleading, according to WCB's Dr. Chovil. If smoking is banned on the shop floor, the lunch room or break area may become a "nasty little smoke-filled room." (And smoking is more common among blue collar workers. According to NIOSH, 51 per cent of U.S. blue collar workers smoke, while only 37 per cent of the country's white collar workers share the habit.)

The NIOSH survey also found that less than 1 per cent of the firms had calculated smoking's effect on their bottom line; 14.7 per cent sponsored smoking cessation programs; and 1.1 per cent offered their employees incentives to give up cigarettes.

Smoking can be a sticky issue between employer and employees, Baumgartner points out: "You can be up against management that doesn't see smoking as an issue — even economically — and labour, who are suspicious, and feel that management should clean up its own act."


According to a 1979 Canadian Cancer Society report on workplace cessation programs, "Examples of insensitively introduced anti-smoking measures abound, and the results are far from successful." While programs in Canada are rare and their success rates "not very impressive," the report found that the most effective programs had one thing in common: a joint effort by management and labour.

General public

A smoking cessation program developed specifically for the workplace is currently being field-tested by the Canadian Council on Smoking and Health (CCSH).

In fact, the workplace is the logical place to start any effort to reduce smoking among the general public. (Smoking is generally seen as Canada's number one preventable medical problem.)

"One reason for concentrating on the worker is that he or she is accessible, identifiable and in groups," says Chovil, who is a member of CCSH's committee on smoking and industry. "And through the breadwinners, there's a fair chance of influencing the rest of the family."

As sure as "Where there's smoke, there's fire," smoking in the workplace is becoming an issue. As an occupational health problem, it demands a collaborative effort by management and workers. The challenge they face is to reduce the human and financial costs of smoking without unfairly infringing on individual rights. 

Bridging the data gap

Health, safety centre provides information access

By ALAN HARDIMAN

One thing is certain about the field of occupational health and safety—it's not getting any simpler.

It's an area of fundamental concern to every safety association, labour ministry and compensation board in the country. Ninety different departments and agencies deal with more than 220 provincial and federal laws. In addition there are 400 sets of related regulations. And that's in Canada alone.

Internationally there has been a staggering escalation in the amount of research and new knowledge in occupational health and safety in recent years. Unfortunately much of this knowledge isn't readily available to the Canadian worker and employer, partly because there has been no central clearing-house for information.

The gap is closing, however, and the newly established Canadian Centre for Occupational Health and Safety in Hamilton has a lot to do with it.

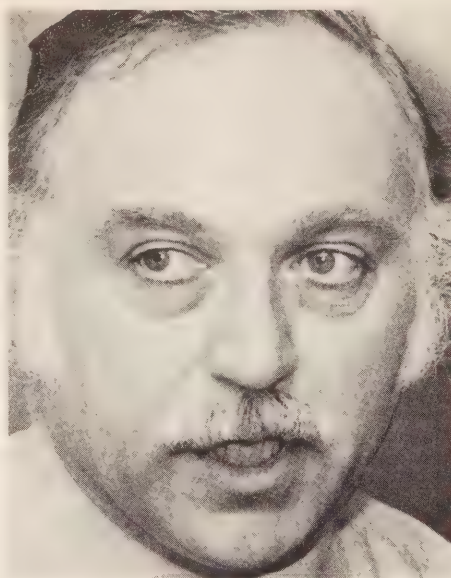
Created by an act of Parliament in the spring of 1978 to promote the "fundamental right of Canadians to a healthy and safe working environment," the Centre's immediate aim is to establish a Canadian data base in occupational health and safety.

Rate research

"Research is gathering tremendous momentum, piling up information everywhere," says Dr. Gordon R. C. Atherley, president of the Centre. "This research has to be rated, rationalized and recycled. We can't afford to overlook information on what makes people sick or die. It's getting to be too late for information gaps.

"The act that established the Centre anticipated that gap. One of the objects in the legislation authorized us to 'establish and operate systems and facilities for collecting, recording, processing, analyzing, evaluating and disseminating statistics and other information.'

"To that end we have launched our very own Canadian computerized occupational health and safety information service. It's in its early days yet, but already it promises to be the most comprehensive data bank on occupational health and safety in the country. It is the first in Canada to tie together all the relevant data systems in North



Dr. Gordon Atherley

America, Europe and elsewhere," Atherley says.

At present the Centre has access to four data base systems in the U.S.: DIALOGUE, ORBIT, MEDLARS and Chemical Information Service. It has also gained access to INFO-GLOBE, a data system operated by the Globe and Mail in Toronto. These systems are available to the Centre through computer facilities it shares with McMaster University and the health protection branch of Health and Welfare Canada in Ottawa. The network has already proven its potential for information-gathering.

"With our new facilities we ran a computer canvass of scientific reports from one data base on five substances: chlorine, arsenic, asbestos, cadmium and benzene," Atherley says. "We found that in this one data base there were a total of 1,371 reports on the five substances. But more interesting—and more worrying—is the fact that 948 of the papers were included since the beginning of 1979. That is, nearly 70 per cent of the total were published this last year. Who knows how many reports will come out in 1980. The fact is that the information problem is now thoroughly out of hand and something needs doing about it, and soon."

While the proliferation of data affects virtually every subject relating to occupational health and safety, Atherley proposes

to tackle the information problem in separate, manageable segments: "We're starting with chemical hazards, then going on to other areas such as respiratory protection, environmental controls and personal protection," he says.

Anyone who wants to find out about a particular occupational hazard can contact the Centre and plug into its facilities for information. This is perhaps the most attractive feature of the Centre's proposed operations, at least from the standpoint of the concerned worker or employer.

"Our system will ultimately have about 100 terminals across the country. Supposing you want to know if a particular substance is harmless or potentially dangerous, all you would have to do is to get a telephone and a computer terminal together, dial our number and feed in the name of the substance. Within seconds you would have a full print-out report," Atherley explains. "And you can keep prompting the computer with more questions. If the answers don't settle the question, the print-out will indicate where to look for more information on the subject and who to contact.

"As I said, you need a terminal. At \$2,000 a unit, it's not the sort of thing the average worker has lying around his recreation room. But there is nothing to prevent the union, or the employer, or the government, or most libraries of any size from having one. The Centre hopes to convince these bodies to become part of our system.

Raw knowledge

"The stipulation is, of course, that the information should be for the benefit of the Canadian working people—as required by our act—and this means that these bodies must be willing to make these services available in full on a reasonable basis to our clients, the Canadian working people."

While full operation of the Centre is about two years away, the Centre can now direct inquiries to libraries, specialists and its own reference staff.

Of more immediate concern is the possibility that the Centre will be working with the Ontario government's royal commission of inquiry into the hazards of asbestos. Atherley hopes the Centre will conduct the review of existing knowledge



Computer terminals at the CCOHS will provide a nation-wide information link on health and safety issues.

on the problem, a step essential to the success of the commission's inquiry.

"We can't just accept raw knowledge from the findings of other countries," he says. "We have to do our own review according to our own criteria and our own needs here in Canada."

While the Centre was established by Parliament, is funded by Parliament and is accountable each year to the Canadian people through Parliament, Atherley stresses that it is not part of any ministry or department, nor is it in any way an appendage of the federal government.

Very difficult

The Centre is governed by an independent council including representatives of the federal, provincial and territorial governments (15 governors), workers and employers (11 governors each), all under the direction of a chairman.

"It is difficult to imagine a finer balance of political, worker and management interests," Atherley says. "There is, in fact, no other institution to compare it with in Canada."

"The Centre works with all of these interests impartially. The balance doesn't tip one way or the other. There are no

strong currents, no polarizations, no power plays. We would not have come this short way, nor will the Centre survive if the partners sense any infringements on their jurisdictions, or sacrifice of their interests.

"What unites the governors, I've already found, is a deep commitment to the health and safety of Canadian working people."

The Centre's neutral political status promises to facilitate Canada's participation in international bodies as well.

"Canada, like many other countries, is a signatory to many of the conventions of the International Labour Organization (ILO) in Geneva. But the problem is that many of these conventions are aimed at countries like the U.S.A., Britain and France where there is a central government authority in charge of labour, health and occupational health and safety matters. The ILO can't quite come to terms with Canadian confederation, where most of the responsibility for these matters is provincial and very little of it federal," Atherley says.

"Therefore, how Canada should respond to an ILO convention is a difficult question. The federal government can't speak on behalf of the provinces, it can only describe what is happening. Now,

however, some of the work can be done by the Centre, such as evolving and proposing systems, and work of a descriptive nature.

"For example, one of the ILO conventions calls for a list of carcinogens used in Canada. That sounds simple enough until you realize that 'carcinogen' is a very difficult thing to define. What's a carcinogen in one country isn't necessarily a carcinogen in another. That doesn't mean its properties are different, it just means that the social judgment made, to define what is and what is not a carcinogen, varies from country to country."

Working people

In response to the ILO convention, the Centre is establishing a working party of representatives from political, labour and management groups, charged with the task of defining what—for Canada—is a carcinogen.

"Here for the first time will be a Canadian approach to the definition of problems," Atherley notes. "That is the kind of role the Centre can play. It doesn't involve any infringement of provincial or federal jurisdiction, but provides a way of doing something that for the moment is very untidy."



Chairman loves challenge

Alexander seeks close ties with labour, employers

Lincoln Alexander, appointed chairman of the Workmen's Compensation Board (WCB) on June 1, is a man who loves a challenge.

That's why he jumped at the opportunity when Premier Bill Davis asked him to take over the post of WCB chairman.

After the February 18 general elections and 12 successful years as federal member of Parliament for Hamilton-West, Alexander had decided not to seek re-election and began thinking about a new challenge and a new career.

"I like a job that's volatile and onerous, I wouldn't want an easy job, I wouldn't find that satisfying or exciting," he says.

"In this job I will have to give my all to be successful."

Lincoln Alexander's life has been one full of challenges. The son of West Indian immigrant parents, he was born in Toronto on January 21, 1922. His mother continually impressed the need for an education upon him and Alexander took her advice. After serving as a corporal in the RCAF, he used veteran's assistance to finance his education, and graduated from McMaster University in 1949 and from Osgoode Hall law school in 1953. He is now a Queen's Counsel.

Immigrant parents

It was Alexander's law career that brought him into politics. An early partner of his, David Duncan Q.C., was a member of the Conservative Party and it was through him that Alexander became interested in politics in general and the Conservative party in particular.

Politics were not part of his upbringing and he never set out to become a politician.

"Many of us in the visible minorities simply felt politics just wasn't our world, we didn't feel part of it. I was the first in my family to get involved in politics," says Alexander.

Through his law partner, he met John Diefenbaker.

"Initially Dief thought a black couldn't be elected as a member of Parliament, at least in the foreseeable future. He planned to recommend me for an appointment as a High Commissioner or an ambassador. But something happened to those plans and finally he decided on second thought I could be elected and asked me to seek a

nomination. I'll always be grateful to him for that foresight."

Alexander ran in Hamilton-West against an incumbent Liberal, losing by about 1,600 votes and coming in second.

"I gave that election my best shot and in some ways I felt it was like a win. I was running against five other candidates and had been afraid of coming in last. I've never been last in any contest I've entered."

In the time following his election defeat Alexander was renominated for the Hamilton-West seat and became more

'I like a job that's volatile and onerous.'

involved with the Conservative Party. He was chief elections officer at the PC leadership convention that elected Robert Stanfield as the new party chief.

By the 1968 election, Alexander was well known throughout his riding and, despite the nationwide phenomenon of Trudeaumania, he was one of the few urban Conservatives elected.

"At the time it dawned on me that Lincoln Alexander, son of a Jamaican mother and a father from St. Vincent was Canada's first black MP. I felt exceptionally proud and extremely privileged."

After his election in 1968, he remained a member of Parliament, after contesting four more elections, until his appointment as WCB chairman in 1980. The majority of his time in Parliament was spent in Opposition although he was Minister of Labour in the Joe Clark Conservative government in 1979/80.

Alexander says the highlight of his years in Parliament came on his last day.

"The day I officially left the House of Commons had to be the highlight. I received two standing ovations and realized that no matter what people said, my peers thought I had done a good job, they thought I was a good MP and a good guy. I've never seen it happen before and I was proud, touched and very moved. It put

me in the proper frame of mind to think I can handle anything that anybody puts in front of me."

Throughout his time in Parliament, his areas of concerns were clearly related to social issues, an area closely linked with his current work as Board chairman.

In Parliament, Alexander was his party's critic for: housing, labour and unemployment insurance, manpower, immigration and welfare.

"Because I was a member from Hamilton, my area of concern revolved around urban issues. My interests were always centred around people and their problems."

He brings this interest in people and their problems to his post as Board chairman.

"If I wasn't a 'people person' I don't think I could have won the confidence of the voters in five elections."

He says that as a member of Parliament he had to view every issue through the eyes of three people. "I had to see things as an MP, a lawyer and finally, an average citizen. Learning this ability to see issues from different perspectives was a useful skill. It will be at the Board too."

"I have always sought not to let my professional knowledge block my heart and mind."

Finished second

"I think you have to have a common sense approach to government and government agencies. No matter how much education you've got, if you haven't got street sense you're in trouble. I have a real grass-roots background, I don't come from a silver spoon environment. I have had all kinds of jobs in my life—and the knowledge and experience that flows from this type of background will be extremely useful to me as Board chairman. Certainly, I know what it's like to work."

His years of constituency work as an MP have given Alexander valuable experience at helping people with problems.

"I know about the frustrations that can be built up because people feel there has been footdragging, insensitivity or a lack of interest from a government or a government agency."



The WCB's recently appointed chairman, Lincoln Alexander, says one of his key goals is to be accessible to everyone dealing with the Board.

"And of course, in most cases that's not true, it just seems that way to people who need help fast."

Asked if he needs time to get used to his new job, his response is, "I'm the new chairman now, I don't need any time to settle in. I know I have a big job and the sooner I get down to it the better off we all are."

Our mandate

He says that with the help of veteran Board staff and through talking with representatives of labour, management, and all concerned parties he is quickly becoming aware of the job to be done.

He believes that although the Board functions as a team, the chairman has a very important and very real role to play.

"The impact of the chairman can be felt throughout the Board. You are expected to provide leadership. You are expected to create the necessary climate whereby we will have a good Board.

"I have accepted that challenge."

When Alexander was appointed chairman he was the subject of both praise and criticism. He says of the criticism, "It didn't bother me a bit, it didn't make me run for cover.

"My life as a politician has always been full of criticism, it comes with the job. I wasn't surprised by the criticism. Those who criticize have a job to do and part of that job is to publicly criticize. They have extended a challenge to me to do a good job. In a way they have helped me because they have given me another impetus to do a good job."

Alexander says he still wants to talk with his critics and get their input for solutions and improvements at the Board.

Of criticism directed at the Board, he says, "Any government agency will always be a hot seat for criticism, some more than others. We at the Board are going to try to make the seat less hot.

"If an agency is not the subject of criticism it means it is either not doing anything or nobody knows about it."

He emphasizes that the very nature of the Board ensures it will always have to contend with some criticism.

"When you are collecting and distributing money, there are always going to be people who think you are taking in too much or giving out too little.

"But when you are handling money you can't throw it around. People don't expect that, neither the injured workers nor the employers. They want responsible people discharging their mandate in a responsible way.

"Part of that mandate calls for us to carefully scrutinize both employers and injured workers. We at the Board have to ensure that when the scrutiny takes place it is done sensitively, respectfully and carefully."

Cabinet minister

Alexander says he has become chairman of the Board at a very opportune time. He cites primarily the Weiler study on the WCB as one reason and the Krever and Williams studies on confidentiality and freedom of information, respectively, as others.

"These studies particularly Weiler's, hopefully will offer solutions to ensure that employers and injured workers will receive even better service from the WCB in the future."

Alexander says he will have the benefit of these studies and solutions to contribute to his own understanding of problems facing the Board.

He emphasizes the importance of constant scrutiny by the Board itself of its operations.

The Board's new chairman says he will work closely with Ontario Labour Minister Robert Elgie in trying to seek and implement new and positive policies for the Board.

"I have been a cabinet minister myself so I know what it's like to work with one."

Of Michael Starr, his predecessor as Board chairman, Alexander says, "I was at a testimonial in Mike Starr's honour recently and it was a very moving experience for me. People from all walks of life and from all groups served by the Board were there to pay tribute to this man. I have my work cut out for me to reach the pinnacle of esteem that Mike reached as Board chairman. He's going out in a blaze of glory.

"I only hope that when I go I'll be able to say I did the job as Board chairman just as well as Michael Starr."



Prompt accident reporting helps make the system work better

It's the responsibility of the Workmen's Compensation Board to compensate Ontario's workers for occupational injuries and diseases. But that responsibility is hard to fulfill if accidents aren't reported promptly and thoroughly. It takes teamwork on the part of the injured employee, the employer, doctor and the WCB to make claims processing go smoothly.

The first step after an accident is administration of first aid and reporting of the accident to the employer. (Employers are required by law to have a first aid station, and to have an employee trained in first aid on duty.)

The accident should be reported even if no further medical attention is needed. This way, information on the accident will be on record in case the injury turns out to be more serious than it first appeared.

If outside medical attention is necessary, the employee obtains a WCB form called a "Treatment Memorandum" (Form 156) from the employer, who is responsible for filling it out. The treatment memorandum is very brief, and simply tells the treating agency that it should submit a report (eg. "Doctor's First Report," or Form 8) to the WCB if there is lost time from work. (Of course, in an emergency situation this procedure may not be possible.)

The choice of practitioner is the

The image shows three overlapping forms from the Workmen's Compensation Board. The top form is the 'Employer's Report of Accidental Injury or Industrial Disease'. Below it is the 'Treatment Memorandum'. The bottom form is the 'Doctor's First Report'. Each form has a header with the WCB logo and title. The forms contain various fields for personal information, accident details, and medical reports.

These three forms—from left, the accident report, treatment memorandum and doctor's first report— get a claim with WCB underway.

employee's, and the employer is obliged to provide transportation if necessary, and if the destination is within a reasonable distance of the workplace. The responsibility for reporting accidents to the WCB lies with the employer. The Workmen's Compensation Act requires that employers keep a record of all first aid administered to employees, including cases of slight injury where there is no lost time or further medical attention needed (and thus, no WCB involvement).

These company records soon prove that "a stitch in time saves nine." Thorough records ensure that all the information on an accident is handy if it becomes necessary to set up a claim. Good records also help to identify the cause of accidents—particularly if there's a series of similar incidents—and the measures needed to remove the hazard.

Whenever medical aid is required or an employee loses time beyond the day of the accident, the WCB *does* want to know all the details. The Workmen's Compensation Act states that employers must submit an accident report (the "Employer's Report of Accidental Injury or Industrial Disease," or Form 7) within three days of being notified of the accident. The Act also empowers the WCB to assess penalties against employers for late reporting.

When the employer is prompt and thorough in completing the accident report, everyone involved benefits:

- Claims are paid sooner, reducing the

injured employee's hardship.

- WCB's payment to the medical treating agencies is expedited.
- If a Board investigation of the accident is necessary, a prompt submission of Form 7 will allow the claims investigator to interview the concerned parties while the facts are still fresh in their minds. Thorough reporting reduces delays and ensures the accuracy of information on file.

If an employer delays Form 7, then the Board's follow-up on the claim is delayed. Form 7 shouldn't be held up for one or two small details—the employer should mail it immediately, and send along the additional information when it's available. Naturally, the completion of Form 7 shouldn't interfere with first aid treatment, clean-up or repairs—but the fact-gathering should begin as soon as possible.

Of course, the employer can't send in Form 7 if the injured employee doesn't tell his supervisor about the accident, or if there's been a communications breakdown elsewhere within the company. It's crucial that reporting procedures (who to report to, who sends in Form 7) are established and everyone knows them.

A handy reminder of the employer's and employee's accident responsibilities can be found on the "In All Cases of Injury" poster (Form 82), required by law to be posted in the workplace. (Copies of this five-language poster are available free of charge from the Communications Divi-

WCB Facts

With this issue of WCB Report, we launch a new feature, WCB Facts, designed to explain the workings of the Workmen's Compensation Board. Upcoming WCB Facts will discuss the "how-to" of accident investigations and the claims adjudication process.

We hope you'll retain WCB Facts for future reference. If you have topic suggestions, or questions that need answering, write: WCB Facts, Communications Division, Workmen's Compensation Board, 2 Bloor St. E., Toronto, Ontario M4W 3C3.

sion, Workmen's Compensation Board, 2 Bloor St. E., Toronto M4W 3C3, 965-8722.)

Whoever fills out Form 7 should look at himself as an "accident investigator," trying to find the cause of the accident and a plan to prevent a recurrence. The accident scene and any machinery or equipment involved in the accident should be examined. Witnesses to the accident, and when possible, the injured employee, should be interviewed. (An in-depth article on accident investigation procedures will appear in a future issue of WCB Report.)

Although the WCB will accept accident reports in letter form, the use of Form 7 is encouraged: it's handy, covers all areas of concern and saves time. A revised Form 7, including a guide to completion on its reverse side, has been in use since November 1979. Copies are available from WCB's Printing and Stationery Section, 2 Bloor St. E., Toronto M4W 3C3; telephone (416) 965-8841.

Form 7 covers five areas of information: employer identification, employee identification, a detailed history of the accident, claim information, and earnings and lost-time information.

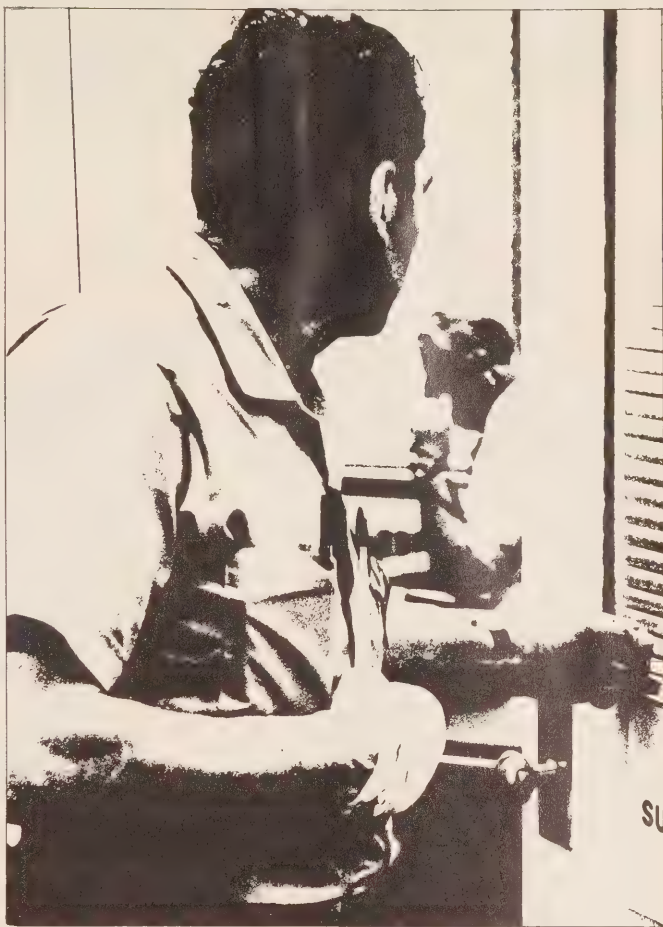
The claim information section asks the employer a number of questions, including: if any third parties were involved in the accident; if he doubts the history of the injury; if the employee was on company business at the time of the accident; if any "serious or wilful misconduct" was involved; and if the employee has had a previous disability similar to the one being reported. This section also asks if the injured person is an owner, executive officer or subcontractor of the business, or spouse of the employer, since these categories are not covered by the WCB, unless personal coverage is requested.

When completed, Form 7 should tell the entire story of the accident from an objective standpoint. The WCB is interested in all the relevant facts, but not in hearsay, rumours or personal suspicions.

Although the WCB wants to know what caused the accident, and whether any third parties were involved, Ontario's system is basically a "no fault compensation" scheme. While claims can be denied

because of wilful misconduct, they cannot be turned down because of negligence or carelessness on the part of the employee.

If the employer doubts the history of the accident as it has been reported to him, he should explain the basis for this doubt thoroughly, and document any supportive evidence. If space on the Form 7 is insuffi-



cient, additional pages may be attached.

Completion of Form 7 *does not* constitute an automatic concession by the employer that the claim is valid.

In the great majority of cases, the WCB's claims adjudication process begins with the receipt of the employer's accident report or the "Doctor's First Report" (Form 8). Either form can start a claim, and in about 40 per cent of claims, the doctor's report is received before the employer's accident report.

An employee who is concerned that his claim has not been reported to the WCB should contact the Board immediately.

The doctor's report includes the doctor's description of the injury, his diagnosis, treatment and any proposed physiotherapy. It also asks for the doctor's opinion on whether the patient will be off work with the injury, and if so, for how long.

Since medical information is crucial to claims adjudication, a late or incomplete submission of the doctor's report may hold up action on a claim while the Board obtains the missing information. The WCB pays physicians 11.1 per cent above the OHIP fee schedule to compensate for any increased workload—such as the completion of forms—in treating WCB cases.

The accident report and doctor's report are the two key documents in claims adjudication, and in many cases they provide all the information required. However, a claim cannot be decided until a complete picture of the accident and the injury has been assembled. The adjudicator may need to write or call the injured employee, the physician, employer and any witnesses to the accident for more information.

The reasons for this information-gathering vary. No form could possibly ask all the necessary questions for each of the many claims (more than 460,000 in 1979) made to the WCB. Some injuries are very complex; others have long histories.

Conflicting information on accident and doctor's reports will necessitate WCB inquiries. So will late or incomplete reporting.

If person-to-person contact is required to definitely establish whether a compensable injury has occurred, the adjudicator will have a WCB claims investigator

interview any or all parties involved and report back his findings. Claims investigators do not monitor working conditions (that job rests with the Ministry of Labour's Occupational Health and Safety Division). Nor do they ever set out to challenge the validity of claims: they simply gather information in an effort to establish that an accident or disability is related to employment.

An employer or an employee can request an investigation, and the Board gives careful consideration to all such requests. The only circumstances in which investigations are *automatically* conducted are for claims involving heart attacks or fighting on the job.

• • •

If you have any questions about reporting to the WCB, your local WCB office will be happy to answer them. ☎



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WCB Report



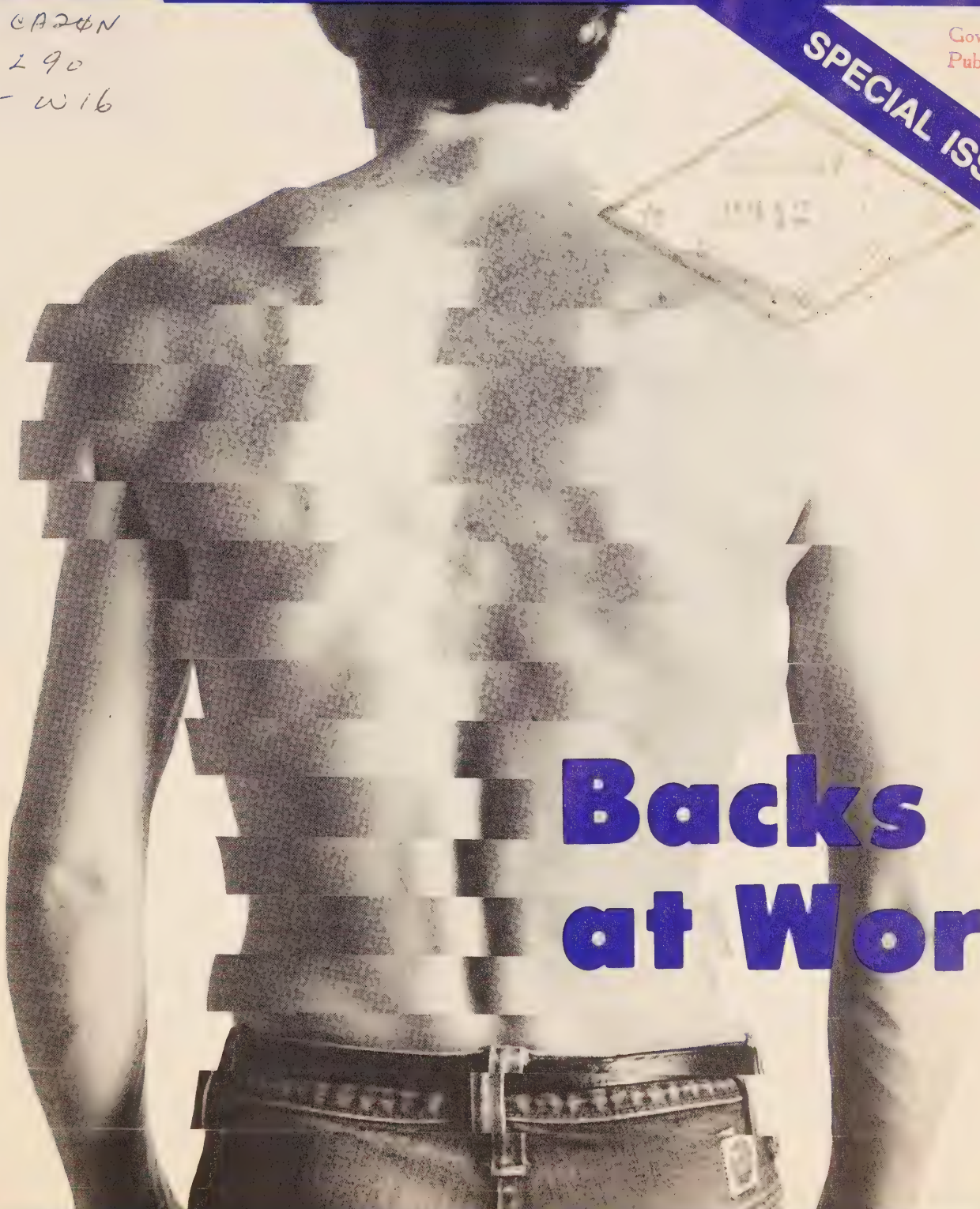
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Backs at Work

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The pain in our backs

4 Back problems take a terrible toll in human suffering and financial costs. In the first of four articles on the theme of "Backs at Work," the causes of back problems are explored.

All-day habits help

8 Backache can be headed off by adopting "back-conscious" habits throughout the day: during working hours, doing chores around the house, in leisure activities, and even when you're sleeping!

IBEP on the road

10 The WCB's Industrial Back Education Program goes into the workplace with a multi-faceted presentation to show employees how to prevent back problems.

Surgery scrutinized

11 A three-phase research project underway at the WCB's Hospital and Rehabilitation Centre explores the use of surgery in treating lower back problems.

Learn, then teach

12 In courses from the Ontario Federation of Labour's Occupational Health and Safety Training Centre, workers not only learn the basics of health and safety, they learn to pass them on to fellow workers.

WCB Report

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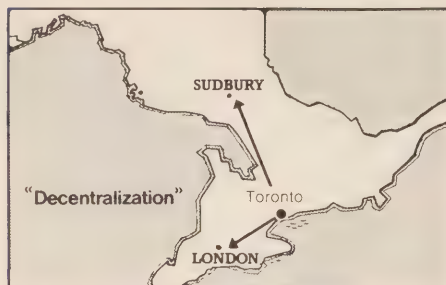
Editorial Staff: Michael Hollett, Joan McCracken, Ted Mumford

Photography on cover and page 4 by Claude Noel. Illustration page 12 by Martin Springett, Controlled Chaos.



SHORT TAKES

Expanded offices in Sudbury, London



The Workmen's Compensation Board (WCB) opened regional offices recently in Sudbury and London, signalling the beginning of a new phase in the Board's history.

For the first time in the WCB's 65 years many services will be offered in the two new offices which had previously been carried out only at the Toronto head office.

New duties for staff in the expanded offices include: claims registration, adjudication of accident claims, authorization of compensation payments, the processing of medical accounts, medical advice to Board staff and treatment control, including in-office examination of injured workers.

The Sudbury office opened November 3 and serves the districts of Algoma, Manitoulin and Sudbury. The London office opened December 1 and serves the counties of Huron, Elgin, Middlesex and Oxford.

The expansion of the two offices is part of a WCB pilot project to determine whether or not services should be decentralized to other areas of Ontario.

Both Sudbury and London were chosen as sites for regional operations because each community provides varied worker/employer cross-sections, typical of situations found around the province.

Board Chairman Lincoln Alexander was present at the opening ceremonies for both offices and termed the decentralization process "perhaps the single most significant change for the Board in the 65-year history of workers' compensation in Ontario."

Garnet Rourke heads up the Sudbury regional office while George

Picken is in charge in London. Both men spoke at their respective opening ceremonies and each emphasized that the expanded offices will lead to more personalized service.

They pointed out that in the new offices workers are now able to meet, face to face, with the person adjudicating their claim or discuss the case by telephone using a toll-free long distance service.

They emphasized that this cannot help but result in better communication between all involved.

Portuguese service now being offered

The WCB has expanded the ethnic relations section of its communications division with the addition of a full-time Portuguese-speaking employee.

The ethnic relations section already serves the Italian community with a number of counselling and information services personnel. Jose Barreiro joined the section's staff in August to serve Ontario's growing Portuguese population.

Barreiro will serve as a liaison between the Board and Portuguese-speaking workers and the Portuguese media.

In addition, Barreiro will serve as associate editor of a regular Portuguese language newsletter about the Board. Initially, the "Periodico de Informacao" will have a circulation of 20,000.

Skiers' first aid approved by Board

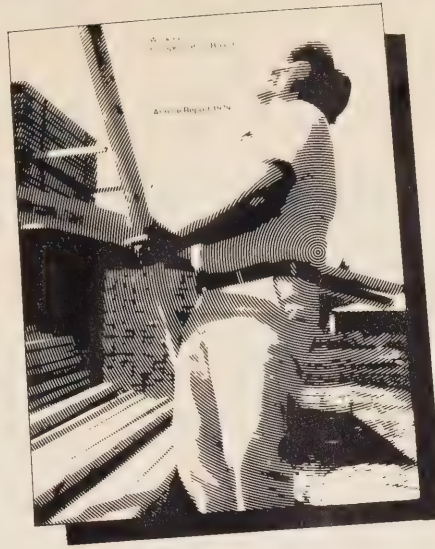
Acting on the advice of St. John Ambulance, the official consultant to the Workmen's Compensation Board on matters relating to first aid, the Board now recognizes that the certificate of the Canadian Ski Patrol System is the equivalent to the St. John Ambulance standard first aid certificate for purposes of the first aid regulations within the Workmen's Compensation Act. The Act requires that employers establish and maintain first aid stations and that they be placed in charge of employees who are holders of valid St. John Ambulance first aid certificates or their equivalent.

Annual report statistics revealing

The WCB's Annual Report was printed and released for general distribution recently. The statistics contained in the report provide some insights into the Board's operations in 1979.

Here are a few highlights:

- The appeal board heard 2,795 appeals, a three per cent increase over 1978. Forty-three per cent of the appeals heard were allowed or partially allowed.
- 460,972 claims were filed last year, an increase of 8.5 per cent from 1978.
- 8,084 patients were admitted to the full treatment program at the Board's Hospital and Rehabilitation Centre.
- Vocational Rehabilitation staff played a role in finding employment for 2,910 injured workers.
- 1,953 training programs for injured workers unable to return to their old



jobs were begun, and 1,453 were completed.

- Almost 2,400 injured employees undertook assessments of their working capacity (an increase of 35 per cent over 1978).

In addition, WCB employment specialists spent the week following the initial reception, visiting with employers in the designated areas detailing the Board's incentives package, as well as other reasons why hiring rehabilitated injured workers makes good business sense.

Employment blitz campaigns were carried out in Ottawa, Sudbury, Oshawa, London, Kitchener and Mississauga, among other places.

Plans call for another program of blitzes in 1981.

New publications issued by Board

The communications division of the Workmen's Compensation Board has recently produced three new publications: *Making a Claim*; *Making an Appeal*; and *Prevent Back Injuries*.

All three are available free of charge from the Board.

The *Prevent Back Injuries* brochure is a primer to proper back care. The brochure serves as a companion piece to the Board's Back Education Program.

Both the *Making a Claim* and *Making an Appeal* booklets are part of the communications division's series of "core booklets" which explain the major aspects of the WCB. Each booklet con-

- Service was completed in the field for 5,226 cases, an increase of 108 over 1978. In addition, 5,628 cases remained active at the year's end.

- Rehabilitation was not possible in 576 cases because of geographic isolation, total disability or other limitations.

- 30,201 interviews were conducted by the vocational rehabilitation division at head office, area offices and the Hospital and Rehabilitation Centre in Downsview.

- 851 cases were referred to the vocational rehabilitation division's social workers, a 17 per cent increase from 1978.

- New field referrals requiring assistance in returning to suitable work increased to 4,086 from 3,627 in 1978.

- The head office mailroom handled 5,200,000 pieces of incoming mail and 6,000,000 pieces of outgoing mail.

Rehabilitation blitzes prove successful

The Workmen's Compensation Board's vocational rehabilitation division recently wrapped up this year's program of employment "blitz" campaigns with record setting results.

Under the employment program, a team of WCB employment specialists supplement local staff in a community for a week-long employment blitz aimed at securing jobs for rehabilitated injured workers.

By the end of October of this year, 1,026 workers had already been placed in new jobs because of the program.

This tops 1979's total of 859 workers (In 1979, the total number of rehabilitated workers to rejoin the workforce — including those placed through the employment program — was 2,910. Figures are not yet available for this year.)

During a blitz, the arrival of the rehabilitation team in a community was heralded with press and employer receptions at which the details of the program were presented. Board chairman Lincoln Alexander or his predecessor Michael Starr were present at the receptions and addressed the hundreds of employers in attendance.

tains the text in five languages: English, French, Italian, Portuguese and Greek.

Board will pay for guide dog

Ontario's Workmen's Compensation Board recently became the third compensation board in Canada to provide an industrially blinded person with maintenance allowance for a guide dog.

Following an appeal board ruling, the WCB awarded \$350 a year to Homer Leblond of North Bay for maintenance and routine veterinary care of his guide dog, retroactive to January 1, 1980.

Only the British Columbia and Alberta compensation boards have made similar awards.

Leblond, with the help of the workers' adviser, successfully argued that his dog, Gerry, was a necessity rather than a luxury.

In addition to the annual allowance for routine veterinary services, Leblond will be reimbursed for the cost of any "extraordinary care" and treatment required by his dog.

Leblond has been blind since the age of 18, when he was injured by a dynamite explosion while working at a summer job.

Backing up our backs

Prevention the key to reducing injuries, costs

By TED MUMFORD

It's no accident that the crucial part of any organization is called its "backbone." After all, as the cornerstone that the human body is built on, the back is something we simply can't do without.

The back also turns up in expressions such as, "Put your back into it." Unfortunately, that advice is followed all too often, in ignorance of the back's capabilities and needs, and its own natural tendency to deteriorate in the course of a lifetime.

The result is a virtual epidemic of back problems. It's estimated that four out of five North Americans will have back problems sometime during their lives.

Back injuries consistently represent about one quarter of claims to the Ontario Workmen's Compensation Board for time off work (41,220 claims out of a total of 165,456 in 1979). The compensation bill for new claims was \$110 million in 1979, and the estimated total cost to business — figuring in absenteeism, lowered morale and productivity, hiring, retraining and skill impairment — is \$1 billion. At 2 million workdays lost annually, back problems are second only to the common cold as a cause of absenteeism.

But the national pain in the back can be turned around. Health professionals are mounting a campaign to overcome the misconceptions, bad health habits and unfavourable working conditions that create the battle of the back.

Back experts agree that far from being a naturally belligerent troublemaker, the back is a feat of biological engineering.

"We know a great deal about the spine and the more we learn, the more we appreciate what a truly marvellous piece of machinery it is," says Hamilton Hall, a top orthopaedist (bone and joint specialist) at Toronto's Women's College Hospital and founder of the Canadian Back Education Units.

Aside from allowing you to bend forwards and backwards and rotate from side to side, the spinal column is the anchor for the skull, ribs, pelvis and shoulderbones. It's also a thoroughfare for the nervous system since the spinal cord, which links the brain with other parts of the body, runs down the middle of the column.

The back is made up of 33 bones, called vertebrae, (see illustration at right) running from the base of the skull to the pelvis. Only the 24 uppermost vertebrae



are separate and mobile.

The lower nine vertebrae are fused together: six fitting into the pelvis — the foundation of the spinal column — and the lowest three forming the coccyx or "tailbone." The pelvis acts as a link with the lower part of the body, and it transfers the weight of the trunk to the legs.

When viewed from the side, the bones of the spinal column line up to form a gentle S-curve. The mobile vertebrae are separated by discs which allow movement of the joints (two neighbouring vertebrae form a "joint" between themselves) and also absorb any shock which may be transmitted to the spine through the legs.

Muscles and ligaments attached to the

spinal column control its movement and protect it from damage due to excessive motion in any direction.

Most back problems occur in the lumbar (lower) section of the spine — the lowest five movable vertebrae. While the muscles in this area are relatively small and weak, the vertebrae and discs can be exposed to the brunt of back strain, particularly in someone who doesn't have good back habits. The result can be extra stress on the joints and discs, and pain that may be excruciating.

The commonest operations for lower back trouble are discolotomy and fusion. A discolotomy is the removal of a disc that has herniated (broken open) and pressed on

neighbouring nerves (this occurs in only about five per cent of back injuries). In a fusion operation, a troublesome joint is immobilized by a procedure similar to splinting.

But operations are appropriate for no more than one per cent of back patients. (See "Surgery no magic cure," p. 11.) There's a wide array of other treatments — some of them still being evaluated — for back pain. When an injury has occurred, the greatest healer is rest: About 95 per cent of workers with back injuries are back to work within three months.

But the best treatment of all — simplest, cheapest, least painful and most successful — is prevention.

Unfortunately, the back's needs aren't well accommodated by the sedentary twentieth century lifestyle. Like heart disease, backache is a medical problem that has a social side.

Dr. David Imrie of the Toronto Back Care Centre singles out three interconnected lifestyle shortcomings as being at the root of the problem. The "Triad of Weakness" consists of poor posture, extra pounds around the waist and weak abdominal muscles (around the belly and sides).

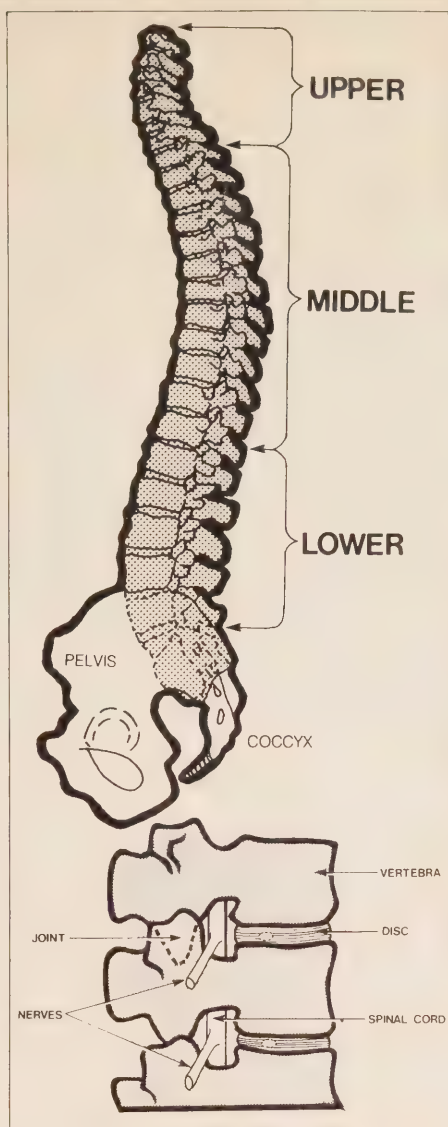
Imrie points out that back problems are rare in developing nations "where work, sport and leisure haven't been automated yet." What's more, occupational back problems were discovered by Bernadino Rammazin ("the father of industrial medicine") in the 1600s not among farmers or fishermen but among cobblers and tailors.

Good posture simply means keeping the back in its most natural and strongest position, both for "active postures" such as walking and "passive" postures such as sitting and lying down. The positioning of the pelvis plays a big part in posture. Tighten your stomach muscles as you're reading this, and you should feel your pelvis slip into the "pelvic tilt." This position best prepares the back for exertion. And when it's engaged in a passive posture (by putting up your feet when you're sitting for example) it reduces strain. (For some tips on proper posture and other good back habits, see "Back Tips" on pages 8 and 9. These pages can be pulled out and posted.)

Stomach muscles

Good posture's worst enemy is the second part of Imrie's triad: a wandering waistline. To maintain their centre of gravity, overweight people must lean back, using their back as a lever to lift their pot bellies. This puts the spine into an unnatural curve that invites injury. Given the fact that every second North American is overweight, the prevalence of back injuries hardly seems surprising.

Poor weight control often goes hand-in-hand with a lack of exercise, which in turn is connected to the final side of the



Most injuries occur in the lower of the back's three main sections. In closeup (bottom, seen from the other side from the back drawing), the precise "engineering" of the back is evident.

triad, weak abdominal muscles. A lifestyle featuring sitting and eating is a double whammy against the back. Aside from asking the back to heft his or her extra luggage, an overweight person doesn't supply the back with the tools meant for any lifting job: strong muscles around the stomach and sides.

While any sort of exercise is at least indirectly good for your back because it prevents obesity, only certain exercises will tone up muscles the back depends on.

"It's disturbing to me that people get their muscles in shape for skiing or whatever sport they do, but they don't do exercises for the back," says Dr. Robert Dzioba, research fellow in the Back Research Program at the WCB's Hospital and Rehabilitation Centre (H&RC).

Dzioba, who is also physician for the Toronto Argonauts, says that most sports

don't do much for the muscles the back needs. The answer to flaccid abdominal muscles is to draw up an exercise program with your doctor.

While exercise can be the saviour of the back, it can also be the downfall. In sport — as in physical work — the back must be prepared with a warm up. It's also wise to hit the showers early when taking up an activity after a long hiatus, because your back won't be ready for the strain.

When people do think about their backs, all too often they're drawn into the tangle of misconceptions about the back.

Silly folklore

"No other part of the human body . . . has given rise to so many misconceptions, so much silly folklore and so many unwarranted fears," writes Hall in his new book, *The Back Doctor: Lifetime Relief of Your Aching Back*. The result of all the confusion, Hall says, is that some people needlessly endure back pain, go through treatment that is inappropriate and forgo favorite pastimes for fear of aggravating their condition.

Perhaps the most infamous of the misconceptions is the "slipped disc." As Hall says, many people believe that discs are "like a pile of poker chips," and when one "slips" out of place, it simply needs to be popped back into its spot or removed.

A more apt analogy is that of a faucet washer that happens to have a jelly-like centre. When wear and tear breaks open the disc's exterior, the insides can be squeezed out like toothpaste from a tube, pressing on neighboring nerves and causing pain that can be very severe. Medically, this is called a "prolapsed" or "herniated" disc.

Another expression that simply doesn't jibe with anatomy is, "My back went out." It again implies that the back is a fickle pile of bones that may misalign at any moment.

These misconceptions are probably the unintended result of doctors' attempts to explain medical problems to their patients. The flip side of this pitfall in doctor-patient communication is labelled "Talking Doctor" by Hall.

By using a medical term, a doctor may unintentionally blow up patients' fears about their backs. A patient told that he or she has "arthritis" may mistakenly believe he or she will have a disease for life. In fact "arthritis" is defined as any inflammation of a joint, such as a swollen ankle.

Hall says a lot of back patients have their minds made up that their problem is strictly the result of some past injury, or that their condition will deteriorate to the point where they will be crippled by retirement age.

Hall tells patients that a back injury can be like a blowout caused by a worn tire going over a pothole: it takes both natural

deterioration and a precipitating incident to cause the problem.

As for the notion that backs grow worse with age, statistics show that back pain is less frequent in the retirement years. A study of 3,500 patients in Hall's Canadian Back Education Units showed that the greatest incidence of back complaints was in the 40-59 years age bracket.

WCB statistics for 1979 lost-time claims show injuries declining with age. Workers aged 20-29 years accounted for 32.6 per cent of claims; 30-39 years, 24.9 per cent; 40-49 years 17.7 per cent; and 50-59 years 12.3 per cent.

Back experts say the body's natural healing powers and the stiffening of the spine with age are responsible for this trend. As Imrie says, "Mother Nature does a pretty good job of healing."

Confidence in modern medicine and a lack of understanding of the back are probably responsible for another misconception: When your back is giving you a problem, you simply have an operation to "fix" it. The message doctors like Imrie and Hall give their patients is this: Most back problems are degenerative and can't be patched up with an operation. The answer is proper care, which combined with natural healing, should control and perhaps reduce the pain. It's simply a matter of learning to live with a bad back.

And that doesn't mean sacrificing one's favorite activity. While it *can* mean trading off pain and pleasure, "Hurt is not the same as harm," Hall says. "No normal activities such as lobbing a tennis ball or mowing the lawn will do damage."

The relationship between the back and brain doesn't end with the cloud of spinal misconceptions. Emotional problems and other stress can bring on backache as easily as a headache. Conversely, a serious back injury may have psychological impact.

Walk proud

If you've felt your body tense up when you're in a high pressure situation, you know how stress can get your back up. And it's hard to walk proud (with good posture) when you're down in the dumps. As Dr. Harold Grossman of the WCB's Back Assessment and Rehabilitation Clinic says, "Low back pain may be the only symptom in depression."

An injury of crippling intensity brings the victim's world to a grinding halt, as job future, financial affairs and family life can all be thrown into disarray. A group of WCB researchers wrote in the *Journal of Bone and Joint Surgery* that "psychological ramifications (of low back pain) are universal and commonly become more important after failed or multiple surgery." This psychological impact is particularly grave when combined with existing personal problems. Back experts say that some patients come to depend on the

continuation of their back problem to provide an excuse for their aimlessness, to absolve them of responsibility, or to allow them to demand plenty of attention.

Thus the treatment of a back problem can be a challenging one.

To help the whole person, a team approach is employed at the WCB's Hospital and Rehabilitation Centre (H&RC) in suburban Toronto. Of the full-treatment program patients who are admitted there (over 8,000 in 1979), almost half have back problems.

Each patient is part of a treatment team consisting typically of a doctor, physiotherapist, occupational therapist, remedial gymnast, recreation therapist and vocational rehabilitation counsellor. The team meets daily and tailors a daily program for the patient, including periods of physiotherapy, recreation and occupational therapy and gym activities.

Minimize pain

A variety of therapy techniques are used to help relieve pain, including newer approaches such as biofeedback (which teaches patients to head off pain through relaxation) and transcutaneous nerve stimulators (which block pain signals with low-level electrical stimulation). Both of these methods are the subjects of Board research aimed at exploiting their fullest potential for pain relief.

In fact, many of the research projects being conducted at H&RC focus either wholly or partially on back problems. Board researchers are looking at the value of back surgery and means of preventing back injuries from becoming chronic and complex.

A study by a team of Board researchers on "Nonorganic Physical Signs in Low Back Pain" was awarded the 1979 Volvo Award in Clinical Science and published in the journal *Spine*.

The H&RC's Back Assessment and Rehabilitation Clinic (BARC), established in 1959, is available to back patients who have a history of work layoffs and little relief from treatment. Of the 352 patients completing the BARC program in 1979, about 70 per cent had undergone at least one back operation.

Many problems

"We try to stop the cycle of pain, operation, temporary relief, pain, . . ." says Dr. Grossman, BARC's co-ordinator. The clinic's multi-faceted approach is well suited to help patients who Grossman says most often "will have many problems, only one of which is their back problem. We try to help them in any way, shape or form that we can."

The four-week BARC program stresses assessment by a team of experts including the clinic's co-ordinator, the admitting doctor, a psychologist, psychiatrist, vocational rehabilitation counsellor, occupa-

tional therapist and if needed, a physiotherapist and social worker.

"We're dealing with people, not just backs," says Grossman. "A psychological problem is just as serious as a major physical injury."

The team tries to make definitive recommendations for the patient's future treatment and work options.

In recognition of the seriousness of workplace-related back problems, BARC has expanded its staff and assessment services in recent years, and broadened its scope to help a greater number of back patients with serious problems.

A formal Back Education Program was developed several years ago at the hospital and over 2,000 patients have now passed through this innovative clinic. Incorporating lectures and live demonstrations by Board staff from various disciplines, the program shows patients how they can minimize back pain from day to day.

Since February 1980, a special version of the Back Education Program has been available to industry. (The program is profiled on page 10.)

"I think what makes the program effective is the fact that our speakers are talking from experience and they still spend a lot of their time at the hospital treating patients. They are treatment personnel who know patients' problems — including vocational and social problems," says Dr. Tom Fried, co-ordinator of paramedical services at H&RC.

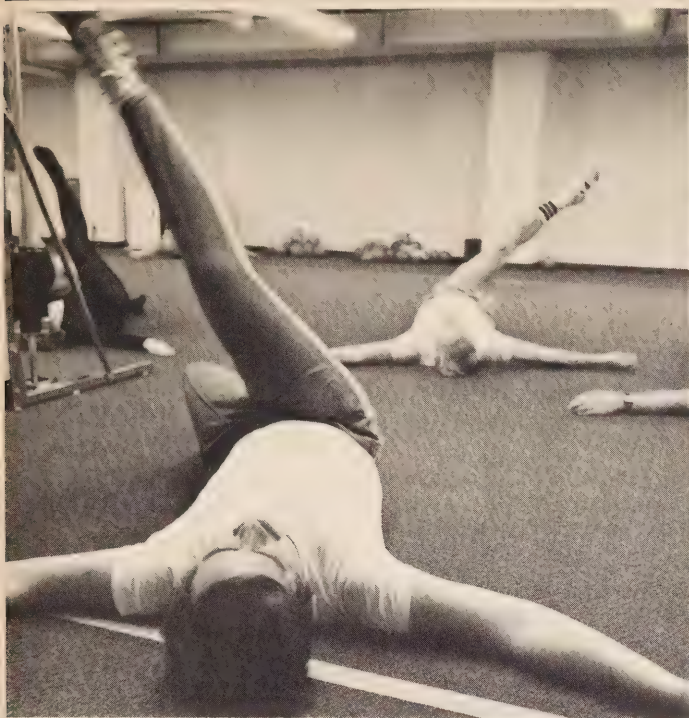
Simple tests

The "whole person" approach is also a fundamental of the Canadian Back Education program, which is available at various hospitals across North America and to industry in Canada. Participants hear talks by specialists from different fields and get tips in relaxation and posture. About 4,500 people have taken the program since Hall started it at Toronto's Women's College Hospital in 1974.

Like Hall, Dr. Imrie of the Toronto Back Education Centre found that conventional doctor-patient communications weren't an effective way of combatting the tide of back injuries.

As director of Leaside Medical Associates, an industrial medicine clinic, Imrie found that in treating and examining workers on behalf of his client companies, "I started to see the same people coming back with back problems and I was concerned that I didn't have much to offer them."

Today, when Imrie is giving a new worker a physical, he uses a series of simple on-the-spot tests of abdominal muscles to see if he or she is in shape for work that will make demands on the back. (Conventional medicals, Imrie says, are unlikely to spot a weak trunk.) Imrie finds that even among active people with no



Courtesy Dofasco

The battle against back injuries can take different forms in the workplace: Exercise programs at the head office of Canada Life Assurance (left) reduced back injuries among

staff. At Dofasco Inc. in Hamilton, rebuilding of crane cabs to reduce back strain involved teamwork by operators, kinesiologist Bill Mackey (centre) and management.

weight problem, few pass with flying colours.

WCB statistics breaking down the causes of back claims back up Imrie's findings that few people know their own strength (or lack of it). Overexertion (lifting, pulling, pushing, carrying) accounts for 64.1 per cent of back claims. Poor fitness and posture probably is also responsible for much of the second highest (16.1 per cent) cause of injury, "bodily reaction" (such as strains from unnatural positions and injury from climbing, reaching and bending).

Imrie tells patients with poor abdominals that although they may be active, they need "fitness with a purpose." If they've had a back injury already, they're particularly vulnerable and in need of exercise. By prescribing exercise programs to shape up poor abdominals, he's found that he's seeing fewer back injuries and "repeaters."

Meet regularly

Imrie also developed a back care program for companies that have their own medical staff. All employees attend a meeting that uses a film, booklets, talks by medical staff and group participation to get across back basics. Employees who already have back problems get a special presentation, and meet with medical staff regularly over the next six months to check on progress with their exercise plans.

For an overall program to control backache, Imrie adds this to the prescription: medical examinations for workers before employment and before a return to work

after a back injury; attention to potential for back injuries in the company's safety program; job design that minimizes back stress; promotion of fitness; and thorough investigation of all accidents to identify their root causes and to prevent recurrences.

Many Ontario employers know that efforts such as redesigning jobs and offering fitness programs pay for themselves many times over in decreased back injuries and related cost, higher morale and improved productivity. Ontario's employer-funded safety associations are getting into the back business by hosting seminars and promoting back health and elimination of hazards.

Meanwhile, courses from the Ontario Federation of Labour's Health and Safety Training Project stress safe methods of material handling, the leading source of back injuries.

At Dofasco Inc. in Hamilton, where crane operators were plagued by back problems, an investigation revealed that the crane cabs simply weren't designed with the back in mind. Operators were forced to be at odds with their backs by having to look down at a sharp angle while reaching behind and above to operate controls. Redesign of the crane cabs in consultation with the operators has led to higher productivity and a decrease in days off work.

At Ontario Hydro's Toronto warehouse, a computer program originally designed to prevent overloading of trucks was adapted to do the same for employee's backs. The computer program

directs picking vehicles to the exact location of a part, and elevates the worker to a point where the part is at waist level for easy lifting. Anything that's been ordered that weighs over 35 pounds is automatically taken off the run by the computer and designated as a job for a swing truck.

"I would guess the proof that we've been successful is the fact that we haven't had a back injury over the last five years," says warehouse manager Dick MacLachlan.

Sedentary job

But a sedentary job can be as bad for your back as one involving lifting or working in an uncomfortable position. The Canada Life Assurance Co. instituted an exercise program at its Toronto head office to battle a rash of back problems. The program, the Y's "Ways to a Healthy Back," is available at many Y branches.

Management figures the program saves them about \$200,000 annually. Says vice-president Ian Fraser, "From what we've seen, in the betterment of our absenteeism and staff's wellbeing — the morale factor — I think it's something that the employer should think very seriously about."

Back experts agree that prevention and back care are the only sure ways of reducing the suffering and expense of back injuries. And they think that through public awareness, the back epidemic can be controlled.

"Today people have the motivation," says Imrie. "Now they need the knowledge."



BACK TIPS

It's easy to be 'back conscious' and prevent backache or injury

Back pain strikes about four out of five people sometime during their lives. You can improve your odds of avoiding back injury by discussing back care with your doctor. Here are a few tips that most people will find helpful. Read them — the time you take will be a good investment in health and well-being!

Posture



Good posture helps take the strain off your back. A sure sign of poor posture is a large curve in the small of the back — the pelvis dips down in front and rises up in back. This may be caused by weak stomach muscles or the constant effort to keep your balance when you reach over your head or wear heels that are too high.

Five steps to good posture:

1. Balance your weight evenly on both feet.
2. Tuck in your buttocks to help straighten your spine
3. Pull your stomach in.
4. Hold your head up as if it were suspended from the ceiling
5. Relax your arms at your sides

Posture is more than standing correctly your back needs some consideration when you're sitting and sleeping too



When you sit down it's just as important to maintain a normal spinal curve — there should be a small space between your lower back and the chair back. This is easy to do if you choose a chair with a firm seat and a straight back. Keeping your knees bent and resting the upper part of the back against the chair will prevent back strain.

You can strain your back while you are sleeping, too, so you will need a firm mattress to give you support. If your own mattress is a little soft, simply place a length of 1/2" plywood under it.

A good position for sleeping is on your side with your knees bent, but if you are more comfortable sleeping on your back, support your head, shoulders, and knees with pillows. And if you must sleep on your stomach, put a pillow under it to reduce that large curve in your lower back.

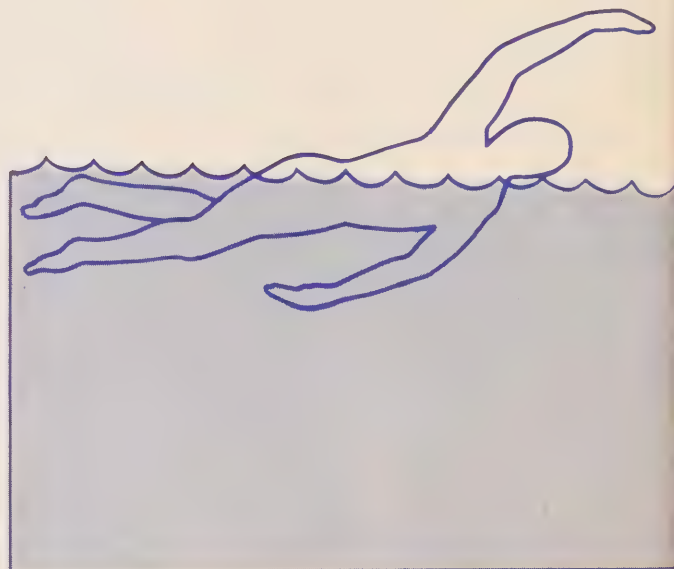
Exercise

Any regular exercise — a team sport, walking, bicycling — is good for your back because it controls good posture's worse enemy: extra pounds around the waist.

Particularly good for the back are exercises that build stomach, leg and arm muscles, since these muscles are meant to take the load off your back when you're moving heavy objects.

However, some exercises put excessive strain on the lower back. Avoid any straight-legged exercise such as straight leg raising, toe touching or sit-ups when you keep your legs straight on the floor.

Consult your doctor for an exercise program to meet your needs.

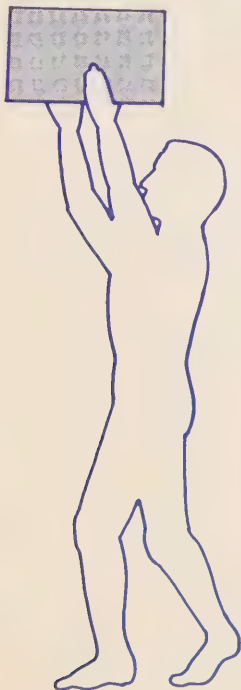


Lifting



Moving heavy objects the wrong way is one of the major causes of strains, sprains, and lower back pain. Here are some basic rules for lifting heavy objects without straining your back:

1. Position your feet for balance — place one foot slightly ahead of the other, about shoulder-width apart.
2. Bend your knees and keep your back as straight as possible.
3. Avoid touching the floor with both knees.
4. Make sure you have a firm grip on the object.
5. Keep your arms and the object close to your body at waist-level.
6. Lift **yourself** up using your leg muscles.
7. Turn from the feet, or point your forward foot in the direction of the turn.
8. If possible, get someone to help you. Remember: the muscles in your upper arms and legs are much stronger than those in your lower back.



Sometimes it is easier to push, pull slide or roll an object, and it takes less effort to move something this way over

Backs at Work

smooth, clean surfaces. Keep your back straight, knees bent, and rock back and forth on your feet using your own weight as a force as well as your muscles.

The best height to lift from is between the waist and knees. When you must reach above your head or below your waist, place one foot in front of the other and tighten your stomach muscles. When these muscles are contracted they help take the load off your back and transfer it to the hips and pelvis, which are much stronger

Work, Home



Back care is a 24-hour a day business! Here are a few suggestions that along with the tips on 'posture' and 'lifting' will help you take the strain off your back.

At Home

- at the kitchen sink or ironing board place one foot on a stool or other support. This helps keep the back straight.
- don't keep frequently used pots and pans on high kitchen shelves.
- when using the oven, bend the knees, not the back
- when emptying the washing machine, don't try to take all the wet clothes out at once. Remember, wet clothes weigh a lot more than dry ones.
- during routine house cleaning, get help to move heavy pieces of furniture.
- when sitting, place at least one knee higher than your hips, either by crossing your legs or putting your feet on a footstool (knees bent!).

At Work

- make sure your workbench or desk is high enough that you don't have to stoop over it.
- if you stand a lot at work, keeping one foot raised on a stool or other support will help relieve back strain. So will resting your back against a wall from time to time.
- when driving, adjust the seat so you sit closer to the pedals, with knees bent and back supported.



Back Education Program brings prevention basics into workplace

The reasons for the creation of the WCB's Industrial Back Education Program (IBEP) are like the two sides of a coin. On one side, there's the staggering human and financial cost of back injuries that points to a need for public education programs. On the flip side, there's the back care expertise of WCB staff that could be used to prevent injuries.

In fact, the original suggestion for IBEP came from patients at the Board's Hospital and Rehabilitation Centre, who thought that the "in-house" forerunner of IBEP that they'd taken should go on the road to prevent injuries.

The original (and still running) Back Education Program was developed at H&RC to help patients to manage their backs themselves and become less dependent on treatment. The program consists of four 1½ hour lectures by experts from different disciplines, followed by sessions in relaxation therapy.

Developed in consultation with Ontario's safety associations, IBEP was first presented in Mississauga in February 1980, and it has since been everywhere from factories in Woodstock and Brantford, to a hospital in Ottawa, to Inco's giant Sudbury operations.

"We've been extremely well received, both by employers and the employees taking the program," says Pat Brodie, a physiotherapist at H&RC and chairman of the Board's IBEP committee. "That's very heartening for a prevention program, because we're looking at a sometimes apathetic society where there's little motivation to change old ways for new, healthy habits that save backs."

In the course of a session lasting 2½ hours, IBEP outlines the basics of back care with an easy-to-digest, multimedia approach. The importance of good posture, weight control, fitness and good back habits at work and at home are all emphasized. Members of the IBEP team — including a doctor and paramedical therapists from H&RC — flesh out their talks on anatomy and back care with slides, films and live demonstrations. The format allows for



Demonstrations, films and booklets are part of the IBEP package.

question and discussion periods, and audience input helps the IBEP team to gear their presentation to specific work conditions.

"We try to leave the audience with the impression that they should adapt and apply the essentials we've covered to their own situations," says Brodie.

While the films included in the IBEP package are usually the introductory film "Backing You Up" as well as "Caring for Your Back," other films are used as needed. They cover topics such as coping with back pain, how to protect the back while doing household chores, the financial cost of back injuries to business, and how joint management-labour effort is the key to reducing back injuries.

During the IBEP presentation, each participant receives two information booklets with question and answer sections to complete at home. An IBEP team member will also tour the workplace and make practical recommendations on reducing back hazards.

All the employer has to provide for

IBEP is the audience — in groups of no more than 45 — and a room to make the presentation in. The program is free of charge to Schedule I employers, who pay for it indirectly through their assessments. It is available on a first-come, first served basis.

Of course, the lost production time involved in having employees participate in IBEP during working hours *does* cost money. Cryovac Ltd., a Mississauga plastic bag manufacturer, put its lost time costs for 240 workers to attend at \$15,000.

Plant manager Don Napier says it's hard to measure the program's cost-effectiveness, "But I wouldn't hesitate to recommend it to anyone. What we're finding now is that older employees are telling the younger people — such as the summer students we have in here — 'Don't lift it that way.'"

For more information about IBEP, write: Janis Poppenk, Co-ordinator, IBEP, Communications Division, Workmen's Compensation Board, 2 Bloor St. East, Toronto, Ontario M4W 3C3.

Surgery no magic cure

Doctor, I can't stand it anymore: You've got to operate on me!"

From a patient with an inflamed appendix, that request would be turned down only in unusual circumstances. For lower back injuries, the problem-and-solution relationship isn't so clear cut.

Because of the way the back is put together, surgery here isn't as straightforward as say, fixing a broken arm. And given the lifestyle and psychological factors affecting the back, it's hard to absolutely guarantee the success of an operation.

Most importantly, surgery is the appropriate treatment for only a fraction of back pains. Experts place the figure as low as one half of one per cent. Dr. William J. McCracken, executive director of the WCB's medical services division, notes that during 1979, in only 0.26 per cent of lost-time back claims was surgery undertaken.

While surgery *can* provide relief from a ruptured disc or troublesome joints, it's a single step in the management of a back, not a "cure", says Dr. Hamilton Hall, a top orthopaedist who is a surgical consultant to the Board.

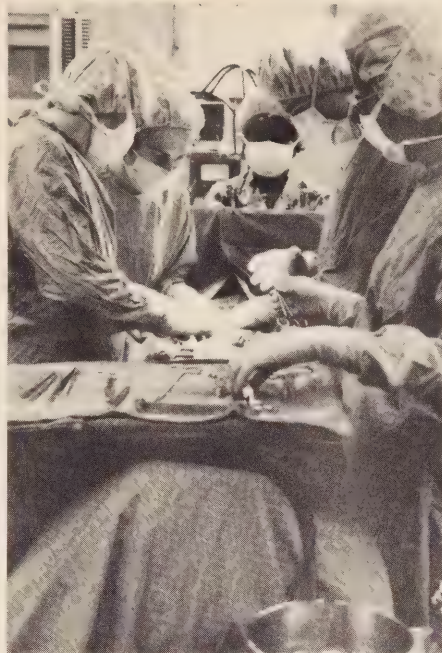
Hard look

"Whatever condition is being corrected, you are almost certain to come out with some part of your spine removed or some once-movable joint permanently immobilized."

Research at the WCB's Hospital and Rehabilitation Centre has taken a hard look at the value of repeated back surgery and methods of determining whether a first operation is in order. Phase I of the Back Research Program, completed in 1979 and published in the *Journal of Bone and Joint Surgery*, cast doubt on the value of repeat surgery for herniated discs.

A team of WCB researchers reviewed the cases of 103 compensation patients who had undergone repeat back surgery during 1975. Since none of the researchers had performed the operations (no surgery is done at H&RC), the study could be conducted without bias.

The review for each patient included study of his or her medical records, operative notes and x-rays; an interview and examination; new x-rays; and a



psychological test.

Conclusions for each patient blended the researchers' findings, the patient's own assessment of the operation's success (which rarely varied significantly from the doctors') and information on the patient's extent of disability in everyday life. The results showed that the success rate of second operations was mediocre, and third and fourth operations produced progressively poorer outcomes.

For the male patients (86 per cent of the total group), only 23 per cent of the second operations were successful, 20 per cent worsened the patient's condition, and the remainder made little change.

Among the smaller number of patients having a third operation in 1975, the success rate plummeted to 5 per cent and the share of failures rose to 45 per cent.

Noting that repeat surgery usually is done because an initial operation failed, the researchers urged exhaustive evaluation (including a formal psychological assessment) of a patient's suitability for repeat surgery and careful examination to find the injury.

Research such as this is at least partly responsible for a worldwide decline in all back operations. While more than 1,000 WCB patients had operations on their lower backs in 1975, the 1979 figure is under 100.

While Phase I of the back research program was strictly a "retrospective" study — examining patients who had already undergone operations — Phase II combined both retrospective and "prospective" aspects.

Using a variety of assessment methods, researchers predicted the outcome of surgery for 48 patients scheduled for repeat operations. The success of the surgery was judged after a year's recovery period. The results of this comparison are currently being analysed by computer.

Phase III of the Back Research Program is aimed at developing a set of tests that will better predict the value of back surgery — whether a first operation or a repeat.

According to orthopaedic research fellow Dr. Robert Dzioba, the indications for back surgery are often clear-cut, but in borderline cases, "the doctor sometimes has to go on gut feeling" to decide whether surgery is appropriate.

Dzioba and WCB psychologist Dr. Neville Doxey are again using a "before and after" approach in examining 116 compensation patients who were recommended for a *first* operation by their doctors. Before surgery, each patient was given a battery of tests: the orthopaedic ones by Dzioba and the psychological ones by Doxey.

"Then we got together and compared notes," says Dzioba. "We tried to arrive at one prognosis for the surgery: will the patient do well, fairly or poorly?"

The two researchers, having allowed for a recovery time of at least six months, are now examining participants in the study to see how accurate the predictions were.

Grey zone

Meanwhile, the gamut of tests used in the pre-surgery evaluation are themselves being tested by computer. Dzioba hopes the study will lead to assembly of a 25-part test that will give doctors a definitive prediction for eight out of 10 cases.

It's unlikely that any evaluation could provide a 100 per cent accurate prediction, Dzioba says, because there will always be a grey zone of patients whose psychological and orthopaedic tests add up to a "maybe."

Workers teaching workers

OFL develops new safety education course

By MICHAEL HOLLETT

When Ontario's reform Occupational Health and Safety Act went into effect last year, one of its regulations called for the mandatory formation of worker/management safety committees in most workplaces employing 20 or more employees.

From the first discussions of the new occupational health and safety legislation, the Ontario Federation of Labour (OFL) decided that if workers were to play an effective role on safety committees they had to be armed — with information.

That's why, in 1977, the OFL approached Wintario for funding to develop a course primarily for workers, on occupational health and safety. Federation members felt that if workers were to have any real input on safety committees, they would have to know something about the hazards and conditions they were faced with.

Since a course such as the one the OFL sought to create did not exist in North America, they had to start from scratch.

Heavily involved

Ontario's nine employer financed safety associations are heavily involved in accident prevention education but their training is aimed more at management personnel. The associations then rely on personnel such as foremen to ensure a safe working environment and safe attitudes among their employees.

Once the OFL program was developed and the law was enacted, the OFL sought and received additional Wintario funding to actually conduct the course and instruct workers on the ins and outs of occupational health and safety.

The OFL created an Occupational Health and Safety Centre to develop and co-ordinate the training courses as well as to centralize information on the subject for the federation and its members.

Linda Jolley joined the centre's staff at the developmental stage and is one of



the principal instructors now presenting the course.

She came to the OFL from McMaster University's department of labour studies. There she had already been involved in developing a similar safety course, to be run by the university. McMaster opted out of the program when the OFL became involved. The feeling was that it made more sense for the OFL to run such a course.

"One of our goals with this course is not only to teach workers how to function effectively on safety committees, but also to teach workers how to teach other workers these same skills," says Jolley.

Instructor course

Two types of courses are associated with the program. The first one, run directly by OFL staff, is four weeks long. This program is designed to teach workers how to become health and safety instructors. The first week of the course is devoted to teaching basic principles of adult education.

"Obviously, we want workers to be effective teachers so they can get across the main ideas of the program," says Jolley.

The following three weeks of the

course are the same as that which the worker/instructors are expected to teach other workers.

Time investment

When the worker/instructors give the course, they teach the three-week segment, with OFL staff occasionally present to serve as resource people.

"While the safety committees established by the Act served as a catalyst for the courses, for a long time members of the union movement have felt that workers should have more of a role in safety education," says Jolley.

Much of the safety segment of the OFL course is devoted to basic safety principles and legislation governing safety regulations.

But, says Jolley, "A lot of safety is simply common sense and pretty straightforward to explain. Occupational health is a completely different matter, it's a relatively new area and one that's very complicated. The major part of our course is devoted to occupational health."

Jolley says the emphasis of the courses is on participation rather than memorization. Discussion and debate take up a good part of the course, with instruction manuals and instructors serving as resources.

"In discussing occupational health, there wouldn't be much point in getting people to concentrate on memorizing hazards. Let's face it, a lot of the material in the manuals can't help but be out of date in two years. New substances are introduced into the workplace and new hazards are being uncovered in those already there."

Instead of attempting to teach workers how to memorize chemical hazards, the course explains what to do when a new chemical is introduced into the workplace or new information on a substance is announced.

The course explains how to use resource people at the local university, community college or government agency to help workers understand the significance of a new substance or new findings about a substance in the workplace. Participants are also shown which are the best libraries and other resource centres for information on these substances.

New perspective

Mock debates also make up a part of the course program. In one debate, both sides research their position on an aspect of safety and produce "expert" opinions and reports to defend their points of view.

Workers are also shown how to use monitoring equipment and where to look for potential hazards in a plant or work area.

Jolley explains that when the courses are given, workers from a variety of industries study together.

"This can be useful in giving the students a new perspective on safety from someone outside their industry," says Jolley.

Students for the instructors' course are nominated by their unions. The OFL has no priority industries for the course. Unions throughout Ontario are told the course will be offered and are advised to nominate people with a proven interest in health and safety. Applicants are considered on the basis of their records and on a first come, first served basis.

Jolley says the instructors' courses are held at different locations in the province and are often residency programs. An indication of the enthusiasm for the course is the fact that much of the evening socializing at the school is devoted to discussing the program.



LINDA JOLLEY

"The graduation exercises from the course are always pretty spirited. There's plenty of speechmaking and lots of promises are made about the work that will be done on safety education," says Jolley.

Once a worker has completed the instructor course, he or she is expected to teach at least 10 other workers back at the home plant. With the OFL planning to graduate 120 instructors a year over the next three years, Ontario's safety-educated workforce will grow by 3,600 by 1983.

Jolley says the program has run into a snag in getting workers time off work to attend the program. But among the unions, the OFL, the government and some employers they have been able to arrange lost-time funding for people attending the instructors' courses.

Course impresses

"We haven't been so lucky with the regular course. It can get pretty expensive to cover a worker's wages while he or she takes the three-week course. We have also run into problems getting people the time off work. Some employers just can't afford to give a worker three weeks of unpaid time off, the work they do is too important.

"Because of this we have found ways to modify the course and in some cases, we offer the course over a longer period of time during the evening and on weekends. We often use universities, community colleges or local schools to hold the courses," says Jolley.

Jolley explains that while it's obviously easier for the OFL to contact unionized workers, the course is open to everyone.

Jolley says some management per-

sonnel have taken the course.

Paul Roach, chief training instructor at Gulf Canada's Clarkson refinery is one management person who has taken the course.

Roach was impressed with the course and notes "It deals with the Occupational Health and Safety Act quite effectively."

He says the course material is not biased or one-sided in its presentations. In fact, Roach has used aspects of the OFL course to help him in developing a new course to be presented at the refinery.

Roach developed the course with the assistance of Scott Taylor, a worker representative on the plant's safety committee who has also taken the OFL course. Roach and Taylor will present their new course together to the Clarkson staff.

William White, executive director of the safety education division of the WCB (which has close liaison with the safety associations) says of the OFL course, "I'm happy to see the unions are taking steps to train their members to function as informed members of the new safety committees.

Resource material

"I don't see the OFL courses in opposition to the safety associations' courses, in fact, the OFL course may serve as a complement. I expect the course may lead to stronger safety committees."

The OFL's program is receiving increasing respect. Many labour organizations in the United States are purchasing the OFL's resource material and consulting with their staff about the possibility of setting up their own U.S. models of the program.

Jolley adds, "Quite a few graduates of our program have been hired by the provincial ministry of labour to work as inspectors. I guess that says something for the course."

Jolley says that when an employer, union or worker group requests it, centre staff can offer an industry-specific safety course.

"In these instances, we might dwell on specific hazards and substances, because all of the people taking the course will know about the materials we are discussing."

Centre staff will also give mini-courses, seminars and speeches about any aspect of occupational health and safety to any interested party.

WCB FACTS

Accident investigations are useful from a safety-conscious viewpoint

Accident investigations are a key part of a comprehensive approach to safety, and they are also useful in reporting accidents to WCB.

The investment of time required for an exhaustive accident investigation may seem a nuisance on a busy workday, but it can pay for itself many times over by pointing the way to measures that will prevent future accidents and the related suffering and costs.

The basics of accident investigation are well illustrated by examining a theoretical accident that could happen in virtually any sector of industry.

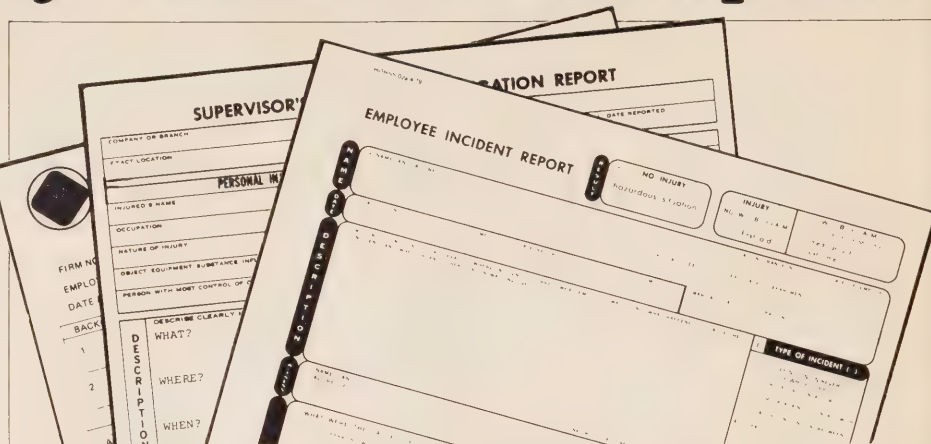
While walking back to his station after going to the stock room for some parts, a worker slips in an aisle, falls and breaks his leg. Following the steps for responding to an on-the-job injury, a fellow worker gives first aid and notifies the supervisor. The injured employee is transported to a hospital for medical aid.

It may then be necessary to eliminate the accident hazards, if this hasn't been done already. As soon as these immediate measures are taken, the accident investigation should begin, while the facts are clear in everyone's mind.

Joint effort

While a number of staff at different levels should be involved in the course of an accident investigation, the most appropriate person to complete an investigation report and WCB's Form 7 (the employer's report of accidental injury or occupational disease) is usually someone at the foreman level. He or she knows the injured worker and the operation involved, and is responsible for department safety.

Since progress in occupational health and safety hinges on joint effort and co-operation by management and labour, workers' representatives — whether they be members of a health and safety committee or a union health and safety representative — should be involved and informed in investigations.



Ontario's safety associations publish accident investigation forms that are helpful in finding the root causes of a mishap in the workplace.

The Occupational Health and Safety Act, 1978, requires that one or more members of a firm's health and safety committee investigate all fatal or critical injury accidents and report both to the committee and a Ministry of Labour health and safety inspector.

"Looking" and "asking" are the two principal tools for gathering information about an accident. The accident scene and any equipment and materials involved should be carefully examined. Drawings, photographs or measurements may prove useful for analysis (when practical, the accident scene should be left as undisturbed as possible after the mishap).

The investigator will interview witnesses to the accident and, when possible, the injured worker. It may be necessary to interview someone who has an intimate knowledge of the worker's job and the equipment he or she used (but who may not have actually witnessed the accident).

The investigator must be able to obtain accounts of an accident without intimidating anyone or seeming to imply guilt. Of course, this skill will be fruitful only if the workers know the investigator's aim is to complete an unbiased, safety-oriented investigation.

It's best to interview the injured person and witnesses individually, at the accident scene, if possible. The

investigator should ask the person to recount the story, and then ask questions to fill in the details. The opinions of the witnesses and the injured worker should be sought as to the causes of the accident, and possible prevention measures.

There are six short questions the investigator should keep in mind when gathering information: "Who, Where, When, What, How and (most important) Why?"

A different perspective that will help the investigator is to examine the role played in the accident by each of the four factors that make up a firm's operation: people, equipment, materials and the workplace environment.

Raise questions

It turns out that a patch of oil on the floor caused the worker to slip. Some investigators would say *this* is the cause of the accident, fill in a Form 7, and conclude that their investigation is complete.

But the oil is not the cause. It's just a symptom — a clue to a basic safety problem. By answering the question, "Why was that oil there?" the investigator will get one step closer to the problem.

When it is discovered that the oil

dripped from a leaky seal in a forklift truck that had been parked in the aisle, the investigator still won't be at the bottom of things. Answering one question has raised others:

- Why did the seal leak?
- Could the same leak happen with the other forklifts?
- Isn't there a maintenance program that would have spotted the leak before it caused an accident?
- Wasn't the truck operator trained to check the truck for this type of hazard at the start of a shift?
- Why was the truck left parked in an aisle?
- Why wasn't the oil cleaned up during routine housekeeping?

Since an accident is caused by a number of factors coinciding at one time and place, rather than a single "cause," the investigator doesn't limit his or her probing to the source of the oil. He also wants to know:

- Was there sufficient lighting to allow the worker to see the oil?
- Was the worker wearing safety boots?

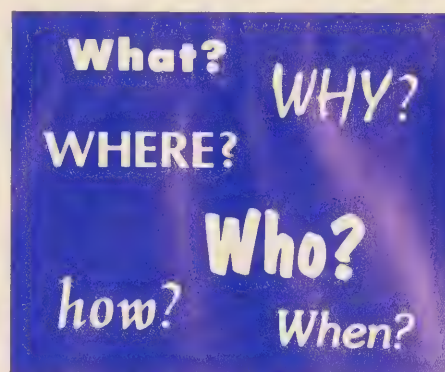
By going back in time from the accident step by step, and being careful not to assume anything, the accident investigator indeed finds that a number of factors converged like branches of a tree to a trunk. These factors are:

- The truck had been in for repair of a faulty seal. An old seal was used because no new ones were available. The investigator finds that no minimum and maximum control levels have been set for stock, resulting in the shortage of seals.
- A member of management — in this case the maintenance manager — made a decision that was not "safety-conscious." The forklift should have been taken out of operation until it could be properly serviced.
- Lighting in the aisle was inadequate, so the worker could not see the oil.
- The worker was not wearing his safety boots, which might have saved him from the painful fall.
- The operator didn't check the forklift before using it because there's no established procedure to do so. Likewise, he left the truck in an aisle because doing so had never been prohibited.

Having arrived at the causes of the accident, the investigator should ask

whether they reflect a larger problem, such as inadequate lighting throughout the company's operation, or even a general lack of established safety procedures.

In any case, the investigator will make recommendations for action to remedy each of the above causes. To identify the appropriate actions, he or she may again want to consider the four factors that make up the firm's operation: people, machinery, materials and the workplace itself.



• **People:** Is there a need for training, a reminder or reprimand, or reallocation of staff? Are safety equipment and safety programs as good as they can be?

• **Machinery:** Is new equipment, servicing or remodelling needed? What about a new maintenance program or revised design requirements?

• **Materials:** Will changes in the choice of materials, their handling, storage or treatment make for a safer operation?

• **Workplace:** Are changes needed to job design (i.e., are jobs "ergonomically" designed to minimize stress?), physical layout, housekeeping procedures, traffic flow, ventilation and fume control, lighting, noise or temperature levels?

The investigator's report in our example will urge the following:

- A reminder to the maintenance manager not to compromise on safety.
- Institution of a more rigid schedule of stock review.
- New lighting in the aisle, and a review of lighting throughout the operation to turn up any other trouble spots.
- A reminder to the worker of the importance of wearing safety equipment, as well as a review of whether safety regulations are well known to staff and properly enforced.
- Revision of procedures for using

forklifts and other heavy equipment to ensure maximum safety.

It's at this point, if not earlier, that other personnel will become involved in the accident investigation. Middle management should review the investigation for completeness and ensure that recommendations are carried out.

Top management sets the policy for accident investigation and reporting, and will be involved in authorizing action on some recommendations.

Any safety personnel that a firm may have are naturally involved throughout the investigation process, with a view to the implications of the accident for the rest of the firm's operation and its overall safety program.

The staff safety committee must be kept abreast of all incidents, recommendations and actions arising from them, so that it can make its input to a company's health and safety efforts, as outlined in the Occupational Health and Safety Act.

Just what form the investigation report should take depends on the nature of a firm's operation. Many of Ontario's safety associations provide investigation forms, either for strictly internal use or to also be used for analysis by the association. (Of course, the safety associations are experts in accident investigation and prevention, and they offer assistance in this area through courses and field counselling work.)

An accident investigation form created for a company's internal use should be as exhaustive as possible and include sections covering identification information (who? where? what?) description of the accident; analysis of causes and potential for recurrence; and measures to prevent a recurrence. This last section should spell out *who* should do *what* by *when* and the report should be reviewed at a fixed time to ensure recommendations have been forwarded to the appropriate person and carried out.

Regular reviews of accident reports can reveal trends in a company's accidents.

Aside from their use in safety problem-solving, accident investigations improve reporting to the WCB. A properly conducted investigation will handily answer all questions on the WCB's accident report.





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WCB Report



Workmen's
Compensation
Board

Summer 1981

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**Problems
of pain**

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4 Changing attitudes and increasing knowledge are resulting in new treatments and techniques for pain control. The Ontario WCB is participating in research and development of new ways to deal with the problems of pain.

OH & S courses

7 Occupational health and safety today involves a blend of preventative medicine, technical knowhow and scientific sophistication. Now, many of Ontario's post-secondary institutions are offering courses to develop that knowledge and meet the needs of a variety of students, from laymen to PhDs.

Industrial disease

10 The Workmen's Compensation Board has been monitoring and compensating for industrial disease since early in its history. Ongoing research has made the Ontario board a world leader in recognizing and paying compensation for certain industrial diseases.

WCB Report

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SHORT TAKES



G.A. Haugh heads communications

Gordon A. Haugh has been appointed executive director of the WCB's communications division.

Haugh joins the Board with a background in both manufacturing and communications. Most recently he was manager of public affairs with The Canadian Manufacturers' Association (1977-81).

As executive director, Haugh oversees the division's program of communications and community relations.

Access to Toronto office improved

The WCB is in the process of implementing recommendations of a 1980 study on access of the handicapped to its Toronto head office. The study, commissioned by the Board's Equal Opportunity Program, was carried out by a Toronto company specializing in the area of design and accessibility for the physically handicapped. It involved an in-depth building survey of the WCB offices in the Hudson's Bay Complex at 2 Bloor St. East, Toronto.

The purpose of the study was to establish requirements and guidelines for accessibility and usability of WCB buildings and related facilities by the physically handicapped. The needs of wheelchair-users, persons with walking

difficulties, hearing disabilities, sight disabilities, and limitations caused by aging or incoordination were taken into account.

As a result of the study, a camera has been installed near the wheelchair ramp from the Yonge Street entrance so that security staff can recognize and assist those having difficulties. A buzzer has been installed to allow those in wheelchairs who wish to enter the building after hours to signal security. Large and clearer signage is to be added to both the concourse and the main floor. Papercup dispensers have been placed by water fountains on selected floors.

Efforts to improve accessibility to the head office building will be continued and the study recommendations will be applied to other Board facilities throughout the province.

Fee increases for physicians, dentists

Copies of the new WCB Schedule of Benefits for Physicians' Services were recently mailed to Ontario doctors who treat patients with compensable injuries or diseases. All medical costs for such treatment are paid directly by the Board to the physicians or treating agencies.

The new schedule, effective April 1, 1981, spells out the amounts billable by doctors for each type of treatment. Because the Board requires the detailed completion of medical reports with full clinical data in order to expedite the adjudication of claims and payment of benefits to the injured worker, WCB fees are higher than those paid by OHIP. The new schedule represents an increase of 19.75 percent over 1980.

As a convenience to physicians, this year the WCB adopted the same format and page numbers as used in the Ontario Medical Association Schedule. Additional copies may be obtained from WCB Medical Aid Services, 2 Bloor St. East, Toronto, Ontario M4W 3C3, at a cost of \$3.00 each.

The Schedule of Benefits for Dentists' Services, also effective April 1, 1981, was mailed to dentists through the co-operation of the Ontario Dental Association. Fees for dentists were increased by 7.9 percent over 1980. ❖

The fight against pain

Science searches for new ways to combat pain

By MICHAEL HOLLETT

Pain is the ultimate common experience: everyone has felt it; in fact, we experience it the minute we are born. But pain is also one of the most private experiences we have. It is virtually impossible to communicate to another the experience of pain.

The private nature of pain has served as an impediment to its understanding and treatment and has also resulted in more than a little misunderstanding of those experiencing it.

Increased efforts

Because of the significant amount of problems caused by pain and pain-related difficulties, the scientific community continues to increase its research efforts in this area. As attitudes change and knowledge increases, treatments and techniques for pain control also change.

While drugs were once considered the breakthrough approach to handling pain, scientists are now increasingly concerned with the problems that pain drugs themselves create. As a result, efforts have been concentrated on finding drug-free solutions to the problem of pain.

The Ontario Workmen's Compensation Board (WCB) is part of this process, participating in the research and development of new techniques for treating pain.

As science becomes "more humanistic," as one doctor put it, it becomes more concerned with the people-problems of pain, not just from a physical standpoint but from an emotional one as well.

Carson Bock is supervisor of psychological services at the Workmen's Compensation Board's Hospital and Rehabilitation Centre (H&RC) in Toronto.

Bock says that it is basically impossible to imagine pain. If a person says



they are experiencing pain and they aren't lying, then they are experiencing pain.

Says Bock, "If we concentrate, we can recall a note of music, a time, a colour. We recall most things we experience in almost complete clarity, except pain. It is possible to remember where a toothache was, which tooth, the anguish of the pain, but not the actual pain itself.

"This presents a dilemma. If a person cannot recall pain, how can they imagine it?"

New attitudes

Bock explains that in recent years, the scientific community has seriously re-thought its attitudes towards pain. In this new context, the medical com-

munity now believes that there is both organic pain—the direct result of a physical injury experienced at the point of injury; and psychological pain—pain that is based on a psychological problem.

Organic pain

Organic pain is the easiest to understand and relatively simple to treat. If someone has broken his or her leg it will hurt, but generally, as the leg mends the pain will go away.

Psychologically-rooted pain is a much more complicated matter.

Dr. Tom Fried, co-ordinator of paramedical services at the H&RC, has been involved in pain treatment and research with Bock.

He says, "At the hospital we see a lot of people who have experienced painful, on-the-job accidents. Initially, when we were finding that these people continued to experience pain long after the injury healed, there was a tendency to assume some of these people were malingering. Doctors want answers and that was a pretty easy answer to come up with.

Too many

"We realized, though, that there were simply too many cases of continued pain for us to dismiss it. That's when we began investigating the idea of psychological pain.

"Both types of pain are equally real to those experiencing them and equally needful of treatment from the medical community.

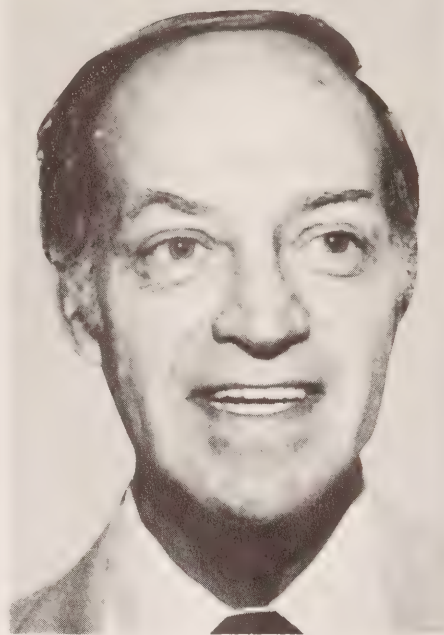
"Often, when someone is suffering from psychologically-rooted pain, there is no evidence that can be easily identified and diagnosed by a doctor. In the past, doctors often reacted to this lack of evidence with the 'it's all in your head' response. You can imagine that to someone who was suffering pain, this was not the most welcome response he or she could encounter. It tended to make the person feel even worse and often aggravated the situation.

"We had a patient at the hospital who had suffered a serious back injury. Finally, as far as we could tell, his back had healed but he was still experiencing severe pain. It really puzzled us but eventually we realized that the man was absolutely terrified of re-injuring his back once he returned to the job. As a result, he had actually developed a pain in his back because of his anxiety about the possibility of re-injury. Once we realized the root of his problem it was possible to help him try to overcome his anxiety and rid himself of the pain."

Suffered pain

Another way a person can develop pain, the kind that is difficult to attribute to a source, is described by Bock.

"We had another patient at the hospital who also suffered from back pain. This fellow started carrying



CARSON BOCK

himself in a peculiar way to accommodate his back injury. Finally, after doing this for a long time, he created new problems in his back. While it appeared that his original back injury had healed, he complained about it still hurting. Finally we realized what had happened and were able to treat him. He thought it was the same pain and couldn't distinguish where it was coming from. A very useful technique in uncovering this type of pain is biofeedback (see WCB Report, summer 1980)."

Pain and anger

Another aspect of pain that is becoming better understood is the significant role of suffering to a pain victim. Bock calls this suffering "the emotional component of pain."

"There are emotions involved with experiencing pain and these emotions can result in a physical reaction along with the pain. You almost have to be a mind reader to be able to separate pain and suffering when people are experiencing them.

"Often the emotional component of pain is anger."

Bock explains that when someone hits him or herself, for example, with a hammer, he or she experiences both pain caused by the accident and anger at the pain occurring.

"When you hit yourself with a hammer, generally you yell and have a pretty strong urge to throw that hammer across the room. You do feel a little better after yelling. On-going pain has this anger component, like the urge to throw the hammer, and it can go on for days, weeks, months and even years. You can imagine that if anger, comparable to the amount you build up when you hit yourself with a hammer, was festering in your system for a prolonged period of time, it could create real problems."

Manage emotion

Bock says that this emotional component, the suffering, can manifest itself in pain that is even greater than the original pain.

The equation pain-to-anger-to-pain can often apply when speaking of suffering.

"If you don't manage emotion well, anger can become depression, which often becomes the major factor in the pain. Depression can be very destructive. It can cause the patient to lose motivation and the whole situation just becomes worse and harder to treat."

Bock says it is extremely important to find some positive focus to the emotional component of pain so that it can be directed towards overcoming the problem rather than serving to heighten the difficulties. If a pain patient requiring physiotherapy can be motivated to use his or her emotional pain component to apply themselves to their therapy, it can actually be a positive rather than a negative factor. But if, somehow, the anger is magnified, it can subvert the entire rehabilitation process.

Anger outlet

"Imagine that you are a patient suffering from agonizing pain and you got that 'all in your head' response from your doctor. That anger of yours that was looking for an outlet would pretty quickly latch on to that doctor and any attempts at rehabilitation would be derailed.

"Understanding really is important to help a person suffering from pain. If



Pictured here are just three of the different transcutaneous electric nerve stimulators (TENS) used by doctors to help pain-sufferers. From left to right, the equipment is: Neuromod, Neuroagar and the Delta C. The TENS has proven extremely successful in alleviating pain suffered by injured individuals. A major asset of the TENS is that it can be administered by patients themselves.

they feel people believe them and are willing to help them, then they have a better chance of overcoming their pain."

Bock says an interesting treatment for suffering that is gaining credibility is humour therapy.

Scientists now believe that humour and anger are similar chemical processes in the body. Therefore, when people experience humour they are discharging accumulated anger.

Release anger

"You're taking anger, turning it sideways and slipping it under the door," says Bock.

No one is exactly sure why it works, just that it works. But as an effective way of releasing pent-up anger, humour does seem to be successful. Bock has yet to make expanded use of

humour therapy at the H&RC but he does use it with his patients in his individual patient counselling.

Feel better

"I have made a point over the years of collecting funny anecdotes, not because I particularly want people to find me humorous but because when people laugh, they feel better. With some of my patients suffering from pain, I give this prescription: for the next week, when reading the newspaper don't read the news, just the comics, watch only situation comedies on TV and see a funny movie at least every other night of the week.

"Almost invariably these people come back feeling better, with their pain diminished."

He adds, "We consistently find that people at the H&RC, and patients in general, who retain their sense of

humour are better rehabilitation prospects."

Useful function

While no pain could ever be described as pleasant, some pain does perform a function. This is the pain that tells the body something is wrong, that you have been stung by a bee, twisted your knee or broken your wrist. This is known as useful or acute pain and is the kind that science is interested in helping patients endure but would never want to desensitize people to. Useful pain often requires some response or some positive action to correct the situation.

Chronic pain is pain without a useful function. This is the type of pain that can result from a lingering back problem, degenerated discs, arthritis and a variety of basically non-correctable situations. This pain generally does not really go away and, in fact, often can

get worse. Much of the energies of the scientific community in the area of pain therapy and pain reduction are aimed at dealing with chronic pain.

Many of the patients that end up at the compensation board's H&RC suffer from chronic pain. As a result, in order to help these people have a chance to re-enter the workforce, the Board has played an important role in the development of new ways of living with chronic pain. Probably one of the most important methods the Board has worked with is that of the transcutaneous electric nerve stimulator (TENS).

New treatment

The TENS is a relatively new pain treatment, developed in the last 10 years, and while people aren't 100 per cent sure why it works, how it is used is straightforward enough. The TENS is a small box-like machine, a little bigger than a cigarette package. Wires run from the machine to a pad that is attached to the patient's body. Depending on the prescribed treatment, small amounts of either high or low frequency electricity are sent into the body. After from 10 to 45 minutes of treatment—the time can vary from patient to patient — many patients will experience relief from pain.

The research on TENS is still in the early stages, and while scientists are still refining their understanding of TENS, they are confident of some basic concepts. To begin with, it is a treatment with no negative side effects. At its worst, TENS can only prove ineffective.

Basically, TENS works very much like acupuncture, especially during the low frequency treatment. Acupuncture and TENS both cause the body to produce endorphin, the body's own wonder drug. Endorphin can be compared to morphine, with the same pain-reducing effects as the synthetically produced drug, but without any harmful side effects. Both acupuncture and TENS, by either directly stimulating the pain area or by stimulating a related area, cause the production of endorphin. It is this increased production of the body's natural pain killer that results in relief for the patient.

Endorphin is the focus of much pain research and may prove to be increas-



Dr. TOM FRIED

ingly useful in the relief of pain.

While acupuncture and TENS are alike in some ways, the two treatments have different advantages. The relief from acupuncture can sometimes be more long-lasting than from TENS. However, acupuncture is cumbersome, there is a chance of infection since the skin is broken to insert acupuncture needles, and it is basically impossible for patients to administer acupuncture to themselves. It is an easy and satisfying process to give oneself the TENS treatment.

Gate theory

There is no way, so far, of predicting whether a patient will respond better to high or low frequency TENS treatment, but it is believed that the two frequencies cause slightly different reactions in the body. When a patient receives high frequency TENS the "gate theory" of pain enters the equation. Basically, all nerve system messages, including pain messages, must go up to the spinal column and to the brain to be perceived. It is believed that only a limited number of messages at one time can pass through the gate or nerve message 'switching station' on the spine and reach the brain. High frequency TENS, by stimulating other aspects of the nerve system, can temporarily slam shut the gate to the brain, thus blocking the pain message and giving relief.

Staff at the WCB's H&RC are work-

ing toward filling the TENS research gap. Dr. Duncan Stewart has been heading a study to carefully document the benefits of TENS on patients under strictly-controlled circumstances, the first study of this type.

In addition, a complementary TENS study has been conducted by Dr. Tom Fried, also of the H&RC staff. Dr. Fried's study follows up on patients who have received TENS, in some cases years after they began the treatment, and examines how effective the therapy has been. While Dr. Fried's study is awaiting release, he says that generally patients are "ecstatic" with the TENS results.

Chronic pain

"Many of the people suffering from chronic pain are unable to function at work. Once they started receiving TENS treatment, a majority of them were able to return to jobs. In fact, some people using TENS take the equipment to work and use it for short periods of time on-the-job," says Dr. Fried.

Once it has been determined, after testing at the WCB's hospital, that a patient is likely to benefit from TENS treatment, the Board will supply them with a TENS of their own which they can keep and use as they find beneficial. In the last five years, the Board has given away 1,400 TENS units.

Says Fried, "When you consider the costs of paying compensation benefits for chronic pain patients unable to work I would say the money spent on the TENS units was an incredible bargain."

Explore methods

Pain will undoubtedly always remain a component of human existence. And scientists will continue to seek ways to alleviate pain and help people afflicted by it to function more easily and comfortably. The WCB will continue to explore ways of contributing to this process because of its role in helping injured people return to the workforce. In doing this, WCB medical staff will not shy away from new developments in pain relief, such as TENS and bio-feedback, as long as there is a chance of these and other methods contributing to the relief of pain.

Occupational health, safety courses boom

By DR. WAYNE ROBERTS

When medical teams began finding that many diseases were caused by industrial hazards, they had to discover the workplace. When occupational safety teams began finding that many of the health hazards workers faced were not simply the result of accidents, they had to discover the universality. When Ontario's new Occupational Health and Safety Act came into effect, the medical teams and safety teams had to discover each other.

That, in a nutshell, is the basis on which a whole series of post-secondary school courses on occupational health and safety have been mushrooming across this province. Occupational health and safety, in this day and age, requires teamwork. It requires a blending of preventative medicine, technical knowhow and scientific sophistication. And a number of specialized courses are now available to develop that knowledge and bring it within reach of health professionals and the lay public alike.

Part of the growing awareness of the need for occupational health and safety courses is due to the efforts of the provincial safety associations. For example, the Industrial Accident Prevention Association (IAPA) was instrumental in the development of Ryerson's certificate program in occupational health and safety.

General courses

In Toronto, **Humber College's** interest in occupational health and safety education pre-dates the Occupational Health and Safety Act and, in fact, Humber offered the first OH&S program in an Ontario educational institution back in 1971. This was Humber's three-year safety technology program. The program is a full-time, six-semester course leading to a safety technology engineering diploma. The program helps equip students to recognize and control potentially dangerous conditions in a workplace. It also offers instruction on how to enact safety

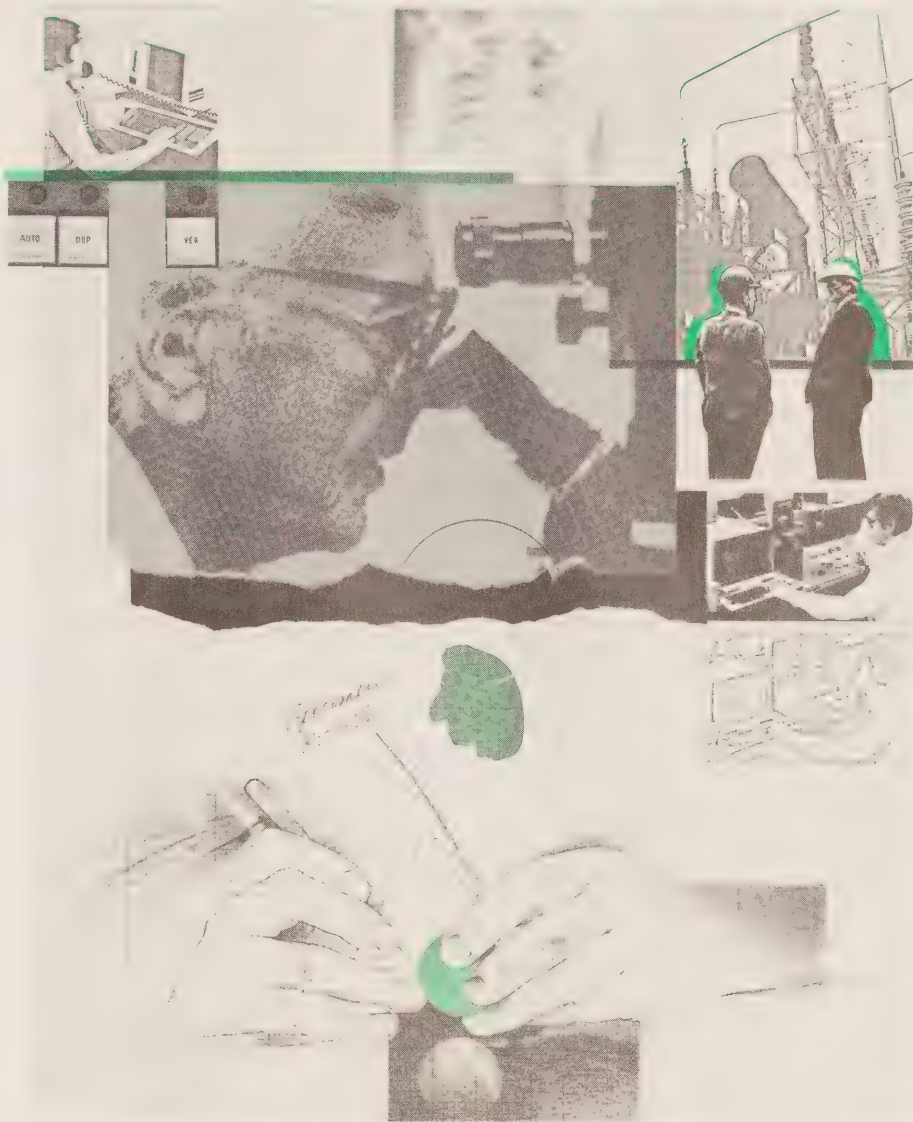
education programs at a workplace level.

The course may also be taken on a part-time basis.

Another early bird was **Lambton College** in Sarnia, with a course in industrial hygiene. In September 1976, Lambton began offering courses leading to a diploma in industrial hygiene technology. This full-time course for day students takes three years to complete and trains students in the principles of occupational health, chemistry, measurement, and industrial hygiene control. An option is also

available to students who want to work in a local industry for four months. Graduates of this diploma program have received sufficient training to sit for the qualifying exams given by the American Board of Industrial Hygienists.

By the time The Occupational Health and Safety Act, 1978 was proclaimed, **Algonquin College** in Ottawa was ready to move into gear and simply revived a committee that had already made preliminary investigations into an occupational health and safety program. Nine courses are offered in Algonquin's cer-



tificate program, which is available to part-time students. The 300-hour program deals with such topics as fire prevention, acoustics, motor fleet safety, toxicology and control. Graduates are competent to head up workplace safety committees now required by Ontario law. Algonquin is also eager to tailor specific courses by industry across the province.

Since the passage of the Act, numerous other post-secondary programs have come on stream. **Niagara College** in St. Catharines provides a 200-hour program on occupational health and safety, initiated by the school of health sciences.

Courses deal with such topics as toxicology, industrial chemistry, and alcohol and drug abuse. The school of business there also offers a course on loss-control/safety education.

In Toronto, **Ryerson** now offers an eight-course certificate in occupational health and safety. The evening classes deal with such matters as hazard recognition, application and analysis of measurement, and individual and organizational behaviour. The environmental health department at Ryerson, which graduates specialists in the public health field, also offers coursework on occupational health.

The **University of Toronto's** continuing education department offers a four-day course on hearing measurement and conservation, open to the general public.

Lakehead University in Thunder Bay offers a general part-time occupational health and safety course to its student body and interested members of the general public. The course runs 30 hours, one evening a week for 12 weeks. It provides general information in all areas relevant to occupational health and safety—from legislation to radiation health hazards.

Northern College in Haileybury offers a number of occupational health and safety courses. As part of Northern's three-year mining technology program, the college offers three courses on mine and plant environments, ventilation design systems and principles of safety. The courses are designed to help create and maintain a safe working environment in a mine. Northern also offers a highly condensed, five-day course on mining safety.

In addition, at its South Porcupine campus, Northern offers a 30-hour accident prevention course designed to

teach accident prevention techniques and safe and proper work habits on a skill-specific basis.

Occupational health nursing

Nurses also have the opportunity to specialize in the occupational health and safety field. **Algonquin College** in Ottawa was first in Ontario to offer such training, introducing its full-time program for qualified nurses in 1977. The occupational health nursing program is now available on a full- and part-time basis. It is designed to upgrade the knowledge and skills of nurses employed in the health care field, with the aim of enhancing the role of the occupational health nurse as health and safety promoter, health teacher, competent practitioner and an effective member of the occupational health care team, in both industrial settings and other work environments. Credits include 405 hours of theoretical training and 100 hours of field placement. Graduates are trained in a range of skills, from communication and counselling to toxicology and epidemiology.

"This program is especially exciting because of the expanded concept of the nurse," says Gail Edmunsen of Algonquin College. "Now nurses are being thought of with an emphasis on preventive rather than curative medicine. This program fits into this concept very well."

St. Lawrence College offers a part-time program at its Brockville campus for registered nurses working in the occupational health and safety field. The program is designed to help nurses upgrade their knowledge and skills in this area, and to increase the nurse's role as a health and safety promoter and effective member of the occupational health team.

In the Toronto area, a number of colleges have grouped together to offer a Collaborative Community College Program for occupational health nurses. **George Brown, Seneca, Humber, Sheridan and Niagara Colleges** have combined their resources to offer instruction in such fields as occupational hygiene, toxicology, safety management/biomechanics, and occupational health management. Students who entered the program in the winter of 1981 will have completed over 700 hours of classroom work by the time of their

graduation in spring 1983.

In the Hamilton area, **Mohawk College**, in cooperation with McMaster University, offers occupational health nursing courses to registered nurses. The program takes two semesters to complete and is available to part-time students. Those earning the Mohawk certificate have studied such areas as noise measurement and hearing conservation, physical and mental assessment, and carcinogenesis. Two days of field work in a local industry and two days of laboratory experience are also required.

Registered nurses in the Kitchener-Waterloo area can earn a diploma in occupational health nursing at the **University of Waterloo**. Graduates are expected to complete 12 courses dealing with such topics as human biology, ergonomics, report writing and management science.

Courses for other health professionals

McMaster University in Hamilton offers courses for health professionals. Their occupational health and safety office was launched in 1976.

An occupational health and safety diploma program was begun in 1979 by the university. It is offered to physicians, industrial hygienists, occupational health nurses and other allied professionals. The course, specifically developed for those already working in industry, is available on a part- or full-time basis. Although the duration of the course is limited, students are required to undertake intensive self-directed learning and to cover a relatively advanced curriculum.

The core content of the program is centred on the practical problems encountered by those who work in industry.

Areas covered include:

- The recognition, evaluation and control of physical, chemical and psychological hazards in the workplace.
- The establishment and administration of occupational medical, nursing and hygiene departments, including budgeting, staffing and equipment.
- The application of epidemiology and statistics to occupational situations.
- The principles of biological control.
- Rehabilitation and employment of disabled workers.

—Legislative aspects of occupational health.

Considerable importance is given to practical hands-on experience of sampling equipment. Opportunities for this experience are provided by a fully equipped and staffed laboratory which has recently been accredited by the American Industrial Hygiene Association. It is the only laboratory to be so recognized in Ontario.

Facilities have now been developed for selected students to proceed to a Master of Science degree in the area of occupational health and safety. This opportunity has been provided under the umbrella of the well-established program in design, measurement and evaluation. The master's program is intended mainly for those who intend to proceed to a research career or who will have ongoing needs for using research data. For this reason, a major emphasis is given to epidemiology and biostatistics and to the development of research methods. Special courses in clinical occupational health, toxicology and advanced industrial hygiene have now been established.

In association with the McMaster program in continuing medical education, a number of updating and upgrading seminars are available. These take the form of evening lectures or one-day sessions during the week, and concentrate on topics such as noise, carcinogens, occupational asthma, and so forth.

The occupational hygiene laboratory offers its services on a fee-for-service basis. This includes both analytical work and field surveys where indicated.

The **University of Toronto** offers numerous diploma and graduate programs in occupational health. These include a one-year diploma program in industrial health and a master's degree in health science, specializing in occupational health.

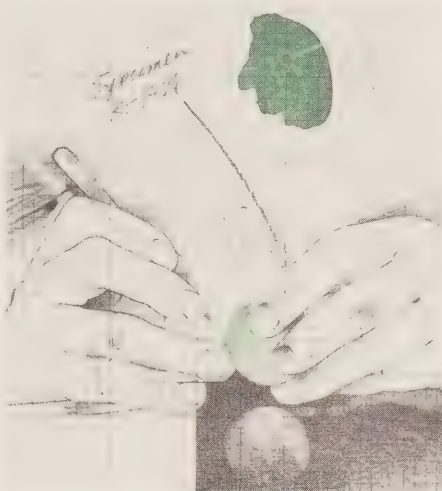
Also available from the university is a Master of Engineering degree specializing in occupational health engineering.

Also offered are programs leading to a Master of Health Science degree, specializing in occupational health, and Master of Science and Doctor of Philosophy degrees, also specializing in occupational health.

Queen's University in Kingston also offers courses to professionals who may encounter OH&S problems in their work.

Queen's offers a half-term course in occupational health engineering to engineering students and an occupational health course to third-year medical students.

Dr. R. E. Lees, from the university's occupational health resource centre, says of the engineering program, "We give a fairly comprehensive overview of occupational health as students would meet it in industry."



"It helps them to be aware of problems of occupational health and safety while working in their field and reinforces their need to make sure they have answers for OH&S questions while working as engineers."

Queen's also offers a four-day course in industrial audiometry and hearing conservation that is open to the general public.

Labour-related courses

Although the labour movement in Canada is not as keen on university affiliations as the labour movement in the United States, a number of post-secondary courses have been especially designed with union activists in mind.

The Centre for Labour Studies at **Humber College** in Toronto has been offering a ten-week program since 1975. This course is based on a manual prepared by medical students whose interest in occupational health was aroused by the controversy over lead pollution at Canada Metals in 1974. Students in this course learn how to monitor in-

dustrial hazards and how to control them through direct action, collective bargaining and legislation.

The Centre also provides specialized courses for particular groups of workers and is prepared to provide instruction in at least three languages.

At **Niagara College** in St. Catharines, occupational health and safety is one of eight courses required for a labour studies certificate. This course, which was first offered in 1978, helped provide the framework for the specialized courses offered by the Ontario Federation of Labour.

Thunder Bay's **Confederation College** offers a basic occupational health and safety course for "labour leadership", designed to provide information and discussion on basic OH&S questions. The course runs 30 hours and is offered one evening a week for 10 weeks.

The labour studies certificate program at **McMaster University** has an occupational health course which is one of its most popular offerings. Students there derive special benefit from their access to the university's excellent medical library.

Humber College's centre for labour studies offers a 30-hour course in industrial hygiene specifically designed for workers.

The course is designed to give people some skills which will enable them to recognize, evaluate and then do something about health hazards in the workplace. The course is offered in 10 three-hour sessions.

In Sudbury, plans are underway to launch health and safety courses in the labour studies program at **Cambrian College**.

Health promotion is starting to come of age in Ontario. The relationship between chronic diseases and work or social environment is being recognized as a crucial area for study. Advancement of our understanding will come about as a result of new attitudes, new combinations of talents, and a heightened public health awareness among the general population. Judging from the courses now available in Ontario colleges and universities, that process is well underway.

Dr. Wayne Roberts teaches labour history at Hamilton's McMaster University.



WCB long concerned about problems of industrial disease

The Workmen's Compensation Board has been monitoring claims and compensating workers for industrial diseases from early in its history. In fact, the Board paid its first industrial disease claim—for silicosis—back in 1929.

Industrial disease is arguably one of the most complicated aspects of occupational health and safety. Unlike many industrial accidents, the cause of diseases are not always readily apparent, and it is not always clear whether or not a worker contracted a disease because of conditions in the workplace.

In recognition of the relatively complicated nature of monitoring and compensating for industrial disease, the WCB has taken a number of steps. One of these involved setting up the Industrial Diseases and Dependents Section in the Claims Services Division.

The steps involved in reporting an industrial disease claim to the WCB are the same as for any other claim. Generally, an employer fills out a Form 7, "Employer's Report of Accidental Injury or Industrial Disease," using additional space for any supplementary information. An employee may also file a claim by simply sending the Board a letter, giving details of the industrial disease. Not infrequently, a letter from the treating agency will begin the claims process.

Once the Industrial Disease and Dependents Section receives the claim, it will request additional information from the various parties involved, if necessary.

To make adjudication uniform, the Medical Services Division, in conjunction with the Claims Services Division, has developed adjudication guidelines for industrial disease. These guidelines define the minimum requirements that should be met to clearly establish that the worker contracted a disease or has been exposed to disease-causing factors because of conditions in the workplace. If the data on the worker's condition meets the guideline requirements, the claim is adjudicated in the worker's favour.

Claims which do not meet the guidelines are individually judged on their own merit with regard to all the factors peculiar to the individual case. The Board's involvement in the development of adjudication guidelines for various industrial diseases has led to many research projects, not just in Canada, but also abroad. In many instances the Ontario board has been the first compensation jurisdiction to recognize and compensate for some industrial diseases. These include: lung cancer among certain foundry workers, laryngeal cancer among workers exposed to asbestos dust, chronic obstructive lung

disease among smelter workers, and gastro intestinal cancer in persons exposed to asbestos dust.

In some cases, the available research data makes it fairly simple to determine the relationship between the disease and factors in the workplace. For example, under average conditions members of the general public are not exposed to sufficient amounts of silica dust to contract silicosis. However, if a gold miner contracts silicosis, it is reasonable to conclude the disease is the result of prolonged exposure to silica in gold-bearing rock. Preparing guidelines and awarding compensation in this instance is pretty straightforward.

However, when a worker files for compensation for a disease that is common to the general population, difficulties arise.

For example, everyone, especially cigarette smokers, runs the risk of contracting lung cancer. So when a foundry worker files for compensation, claiming that he or she contracted the disease because of working conditions at the foundry, the Compensation Board must establish that this is the case.

If similar claims have already been filed for a certain disease by other workers in the same industry, chances are that the Board

may already have prepared guidelines for this disease.

However, if the claim is the first of its kind received by the Board, or if the Board receives a number of claims from workers in the same plant or industry, work would begin at the Board to determine any cause-effect relationships and the need for adjudication guidelines.

This is a complicated process, as the Board draws on a variety of resources and experts to gather information for the investigation.

Sources usually involved in developing industrial disease guidelines are: the Industrial Diseases and Dependents Section, doctors from the Board's Medical Services Division, outside scientists and other experts, a thorough study of world literature on the subject, and, not infrequently, an epidemiological study.

The process might begin if adjudicators in the Industrial Diseases and Dependents Section received a claim they felt needed scrutiny. The adjudicators would arrange a meeting with the staff of the Medical Services Division to discuss the claim.

This would happen, for example, if the adjudicator was not familiar with the disease for which the claim was made or if the disease had not been previously connected with a particular industry, or if for any other reason the adjudicator felt the claim needed further scrutiny.

At this point, the two groups would work as a team and prepare a plan for dealing with the claim. On the part of the Medical Services Division, this would usually involve research avenues open to them, while the staff of the Claims Services Division would conduct a field study at the plant, after receiving guidance from the Medical Services Division.

Conducting a field study is not an easy task. Ray Ranta, Supervisor of the Claims Industrial Disease Section says, "Most diseases we study are the result of conditions that existed in the past, often as much as 20 years ago."

While conducting a field study, the claims investigator visits the claimant's workplace and conducts interviews. The worker, or the spouse, if the worker is deceased, is questioned. Current and former co-workers are asked about conditions, both past and present, in the workplace, as well as about work they have done with the worker. Minute details of the worker's employment history are sought and looked at in the hope of uncovering a common link.

Management, foremen, the safety officer and the plant doctor are also interviewed by the claims investigator.

Company records of employees, substances purchased or produced and manufacturing procedures may also be studied to

determine the products and processes, past and present, used in the plant, with particular attention to conditions in the areas where the worker has worked.

Claims investigators pay special attention to changes that may have taken place in either the products used or in processes at the plant. Often they have to rely on interviews to uncover this information because it is not always kept on file. They also examine any relevant data that the Occupational Health Branch, Ministry of Labour, has on file.

The claims investigator must also determine a worker's habits outside the workplace to determine if these may have served as a catalyst for the disease.

The claims investigator's task is extremely difficult when a claim involves exposure at a plant no longer in existence. This has happened more than once.

When the claims investigator has completed the study, which usually takes from one to eight weeks, a claims adjudicator discusses the findings with the Medical Division.

While the claims officer is investigating the workplace involved in an industrial disease claim, the doctors in the Medical Services Division are busy conducting an investigation of their own.

One of the first tasks of the Medical Services Division when conducting an industrial disease investigation is to confirm the diagnosis by conducting, or having another doctor conduct, a thorough medical examination of the worker.

While the day-to-day duties of the Medical Services Division make it impossible for its staff to conduct all of the research involved in developing industrial disease guidelines, all research that is conducted is done under their auspices.

Previously, much of this research was carried out by Ontario Ministry of Health staff. Now most is done either by university scientific staff or by outside research agencies, such as the National Cancer Society.

As part of their research, Medical Services Division staff check their records to see if claims have been previously made for the disease in question, in the same or in any other industry. The division also checks with other Canadian compensation boards to determine if they have received claims for the disease.

An important part of the division's work in preparing industrial disease guidelines is an extensive three-way search of the world medical and scientific literature relating to the disease. This involves being aware of everything that has been written on the specific disease, the industries involved and the substance or substances suspected of being factors in the disease.

The initial search of the world literature is conducted by computer, using a terminal

hook-up at Ontario's Ministry of Labour and, more recently, the terminal at the Industrial Accident Prevention Association. The computer record contains lists of documents pertaining to everything which has appeared in periodicals, textbooks or scientific journals on the subjects of concern to the Board.

Usually an extensive list results from this search, and often the study of this list is conducted by a researcher engaged by the Board.

Information produced by the computer's search of the world literature is usually in the form of an extensive bibliography. To get more in-depth information, the researcher must go to the most reliable original articles on the list and then use bibliographies contained in this work to find more detailed information.

Often, information found in the search of the world literature and from the claims officer's field study is sufficient for the Medical Division to prepare an initial guideline. This guideline would then be examined by both claims and medical services staff and finally submitted to the corporate board for approval.

Another tool used by the WCB's Medical Services Division in trying to establish industrial disease guidelines is an epidemiological study.

These studies are used when the WCB is attempting to determine whether incidence of a disease common to the general population is higher among workers in a given industry.

Basically, scientists study the incidence of a specific disease among workers in a certain industry and plant, and compare this with incidence of the disease among members of the general population.

If the results of the epidemiological study show a significantly higher incidence of a disease among a group of workers, it is reasonable to assume some factor in the workers' workplace is a catalyst for the disease.

Industrial disease guidelines are subject to ongoing reviews and updating. The Medical Services Division of the Board is responsible for monitoring scientific developments in the area of a specific disease, and any new information is taken into account when considering future claims and possible updates and revisions of the existing guidelines.

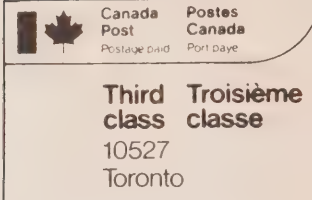
Industrial disease findings of concern to the WCB are always shared with other concerned jurisdictions, such as the Ministry of Labour's Occupational Health and Safety Division and agencies that use the Board's work in their own field.

While society continues its struggle to eliminate disease in the workplace, the efforts of the WCB can help to achieve this goal and aid the victims of industrial diseases.



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WCB Report



Workmen's
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Safety
in the office



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Safety in the office

4 The office has traditionally been thought of as a comparatively safe workplace. WCB Report takes a look at the office and finds it may not be as safe as many people think.

Working safely

8 There are ways for management and workers alike to ensure that their office workplace is as safe as possible. Everything from eliminating coffee spills on the floor to putting step ladders in storerooms can help make the office safer.

They came back

9 In honour of the United Nations declaration of 1981 as the International Year of Disabled Persons, WCB Report takes a look at three people who suffered disabling work injuries and successfully made their way back into the workforce.

Finds employment

13 WCB rehabilitation program specialist Doug McAllister is a man determined to get jobs for rehabilitated injured workers. To do this he has to be a counsellor, mediator, educator and salesman all rolled into one.

WCB Report

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Editorial Staff: Michael Hollett, Joan McCracken, Ted Mumford

Cover photo by Claude Noel; illustrations by Jim Craig and Jim Whaley, Controlled Chaos.



SHORT TAKES

Financial services headed by R.D. Reilly

R. D. (Bob) Reilly has been appointed executive director of the WCB's financial services division.



R. D. REILLY

As executive director, Reilly oversees the division's program of financial management for all operations of the Board. The division's four branches are revenue, treasury, investment fund and accounting.

In his new position, Reilly also becomes a member of the WCB's management committee, investment policy committee and systems steering committee.

Replacing Reilly as director of the revenue branch is Lorenzo San Pedro, formerly systems planning specialist for the financial services division.

Assessments range from 20 cents to \$18

WCB assessment rates for employers range from a low of 20 cents to a high of \$18 per \$100 of assessable payroll in 1981. The average rate for 1981 is \$1.72, up from \$1.65 in 1980.

Employers covered under Schedule I of The Workmen's Compensation Act pay the assessments on employee earnings to a maximum of \$18,500 per employee. Rates are assigned by industry group: the 20 cent rate applies to rate number 940, consisting of businesses such as accounting, architects, drafting, engineering and research labs. The top rate of \$18 is for rate number

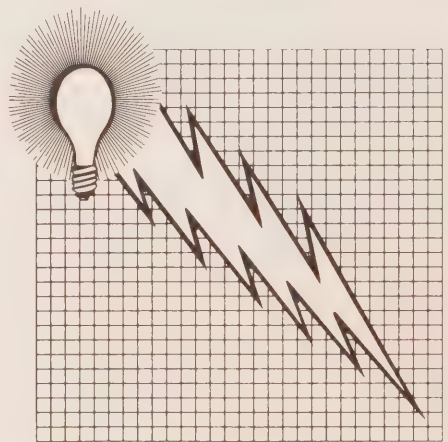
106, the business of sinking mine shafts.

Assessments are made according to employers' estimated payroll statements submitted to the Board by the end of each February. Since each rate group, broadly speaking, is a mutual insurance association, both the group's past and projected accident costs (compensation, medical aid and so on) and the financial position of its account are considered when rates are set. Provision is also made for the Board's administration costs, special reserve funds and contingencies, and (if applicable) safety association costs.

While the average 1981 rate is seven cents higher than in 1980, not all rates rose: of the 108 rates, 33 were reduced, eight remained unchanged and 67 moved higher.

The increase in the average assessment was mainly due to the higher benefit levels introduced in the 1979 amendments to The Workmen's Compensation Act.

Electricity bill cut at Toronto office



ENERGY SAVINGS

The WCB has cut electricity consumption by about 40 per cent over the past five years at its head office at 2 Bloor Street East in downtown Toronto.

The energy savings — about \$85,900 in 1980 over 1975 figures — were achieved by removing excess lighting and minimizing the after-hours use of both lighting and air conditioning. The

cost reduction was realized in spite of the fact that the Board, leasing 17 floors of the 35-floor tower, does not have total control over its energy use.

As a further check on energy costs, the Board has installed equipment on its premises to meter electricity consumption.

First Weiler report tabled by minister

The first of two reports by Paul Weiler on Ontario's workers' compensation system was tabled in the provincial legislature on November 18 by Labour Minister Dr. Robert Elgie.

Weiler, formerly chairman of the British Columbia Labour Relations Board and currently Mackenzie King Professor of Canadian Studies at Harvard Law School, was appointed to undertake the comprehensive study by Elgie in January 1980.

Elgie told the legislature he would circulate the report to business and labour representatives and then make recommendations to cabinet.

The second report is expected to be completed this summer.

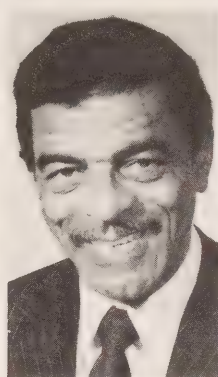
'Backs at Work' available in reprint

In response to demand for additional copies, the WCB's Communications Division is reprinting the "Backs at Work" feature which appeared in the fall 1980 issue of WCB Report.



WILLIAM A. WHITE

William Andrew (Bill) White, executive director of the WCB's safety education division and chairman of the Council of Safety Associations, died January 22 while on holiday with his wife in New Zealand.



W.A. WHITE

Mr. White, who joined the Board in 1974, was involved at an executive level in various community organizations, among them the Canadian Council of Christians and Jews (director); the Regional Board of the Canadian National Institute for the Blind (director); the Industrial Accident Prevention Association (past chairman, class 6); and the Construction Safety Association (past president). Mr. White was also a prominent member of Kiwanis International.

In 1966, Mr. White received the Human Relations Award of the Canadian Council of Christians and Jews and in 1967 he was awarded the Canadian government Centennial Medal. In 1971 Mr. White was invested in the Order of Canada as an Officer of Canada and presented with the Medal of Service of the Order. The Borough of Scarborough named him Citizen of the Year in 1976. He was invested as an Officer of the Order of St. John of Jerusalem in 1979.

Mr. White is survived by his wife Vivian and their five children: Romney, Christopher, Laurie, Sheila and Timothy.

The articles discuss various aspects of back injuries, with an emphasis on prevention. Copies are available free of charge by contacting the Communications Division, Workmen's Compensation Board, 2 Bloor Street East, Toronto, Ontario, M4W 3C3, (416) 965-8722.

Papers presented to prosthetics society

Three WCB researchers travelled to Bologna, Italy last October to present papers at the international meeting of the International Society for Prosthetics and Orthotics (ISPO).

The presentations were made by Dr. Gordon Hunter, director of the amputee clinic at the WCB's Hospital and Rehabilitation Centre; and Dr. Michael Wood and Dr. Martin Northmore-Ball, who both conducted post-graduate research work at the amputee clinic.

The four papers were: "A Review of Below-Elbow Myoelectric Prosthetics" (by Drs. Northmore-Ball and Hunter, with Hanna Heger of the H&RC's occupational therapy department); "Replantation and Prosthetics in the Treatment of Traumatic Amputation in

the Upper Limbs" (Hunter and Northmore-Ball); "Revision Procedures after Amputation for Trauma in Upper and Lower Limbs" (Wood and Hunter); and "The Value of Stump Skin Grafts Following Amputation for Trauma in Adult Amputees" (Wood and Hunter).

At a subsequent meeting of the Canadian Branch of ISPO in October, delegates voted to commend the WCB researchers for representing Canada so well at the international meeting.

New booklet outlines rates and regulations

The WCB's Table of Rates booklet for 1981 is now available from the Board's communications division.

Aside from listing the 1981 assessment rates paid by each type of business covered under Schedule I of The Workmen's Compensation Act, the booklet outlines the Board's method of rating, relevant regulations made under the Act and procedures for paying assessments.

Copies are available from: Communications Division, Workmen's Compensation Board, 2 Bloor St. E., Toronto, Ontario, M4W 3C3; (416) 965-8722.

Safety in the office

Accidents do happen in the white collar world

By MICHAEL HOLLETT

To most people, the office does not seem like a hazardous workplace, especially when compared to potentially dangerous workplaces such as a mine or a foundry.

And slips, falls, paper cuts and stumbles on carpets do not elicit the painful images associated with accidents in heavy industry.

But an increasing number of Ontario office workers and their employers are aware that tragic and debilitating accidents can and do take place in the office. They know that a broken leg, whether suffered in an office fall or an assembly line accident is just as destructive and painful to the victim.

Of course, the number of serious accidents occurring in the office workplace does not compare with those suffered in other more hazardous occupations. But, as more people become safety-conscious an orientation towards eliminating workplace hazards grows. The office is a hazardous workplace and one where there is room to improve safety-consciousness.

Colin Lambert, a safety education officer with the Canadian Union of Public Employees (CUPE) says, "We teach that hazards are inherent in all workplaces and that they should be recognized and eliminated."

Serious accidents

An office hazards document prepared by CUPE states: "The hazards of office work are just as real to the workers who face them as the hazards in a mine are to miners. The risks are clearly different but the need to eliminate them is the same."

Stan Field is the national manager of safety and security for IBM and he also expresses concern with many people's complacent attitude towards office safety. At IBM, managers are responsible for getting the safety message across to their staff. Says Field, "We have a problem getting into our managers' heads the fact that hazards exist in an office building.

"There is a tendency to not be concerned about office hazards whereas, in



the manufacturing environment, people are used to thinking safety because the hazards are often more apparent.

"We look upon accidents as something that just shouldn't happen, be they in the office or the manufacturing end of the company."

In some years IBM's lost-time accident figures are higher among the company's administrative (office) staff than among the company's manufacturing employees.

While anything can happen in an office, certain types of accidents emerge as the most frequent. Slips and falls are

the number one accident problem according to studies on office accidents.

According to a study conducted by Dr. Norvin Keifer in the U.S., 36.4 per cent of all office accidents involve slips or falls. A California state government study reports that 47.4 per cent of all office accidents involve slips or falls. This compares with a slip/fall accident rate of 20.8 among other workers. The California study reports that three out of four office falls occurred while the worker was walking with one out of four falls from chairs.

The Keifer study was conducted

over a five-year period, as the doctor observed the accident patterns of almost 9,000 New York City office workers.

The California study was conducted by the state department of industrial relations and was based on the accident reports of more than 3,000 employers in the state during a one-year period.

Accident patterns

Both slips and falls can be of the simplest nature with very serious results. For example, a seemingly simple accident reported by a Toronto employer resulted in an office worker missing almost a month from the job. While the employee tried to move her office chair forward, the wheels jammed and she tipped over, striking her shoulder on the edge of her desk as she fell. She suffered a contusion to her shoulder and experienced limited arm movement because of the accident. She also missed 28 work days.

An American aerospace company employing about 12,000 office workers reports that over an eight year period accidents involving people falling out of chairs cost \$102,000 in compensation benefits. Fourteen chair accidents occurred during the period, with the two worst accidents accounting for \$97,000 in benefits.

Rubber bands, pencils and other

objects left on a floor can cause dangerous falls in an office. Wet or slippery surfaces can also be a hazard.

Ruth Hollman, manager of safety with Bell Canada in Toronto reports, "Sometimes people can have accidents just when they go from a tiled floor to one that is carpeted. We had one employee who broke his ankle when his crepe-soled shoes jammed as he stepped onto a carpet.

"You also have to worry about things like getting the right casters on an office chair so that they are suitable for the floor surface the chair is on."

The second major cause of office injuries is strain or over exertion, often as a result of unsafe lifting. According to the Keifer study, this type of accident accounts for 13.8 per cent of office injuries, while the California study found that 18.9 per cent of the accidents were caused in this manner. This compared with an accident rate of 23.9 per cent among other workers.

Back injury

"One of our biggest problems in office safety is backs," says Stan Field of IBM.

"We run into problems because there's always someone who will try to lift something they can't handle by themselves. We've had people hurt themselves while lifting typewriters."

Bell's Ruth Hollman explains that at her company, anyone who may have to lift more than 25 pounds is taught team lifting.

"People will try to lift heavy things themselves when they are in a hurry. In our safety training we encourage people to get help when lifting something heavy."

Safe attitudes

The third major cause of office accidents that shows up in study statistics involves a worker hitting or being hit by an object. According to the Keifer study this accounts for 16.4 per cent of office accidents, the California study reports "hitting or hit by" accidents accounting for 17.5 per cent of all injuries. Among other workers, "hitting or hit by accidents" account for 27.4 per cent of all accidents.

This hazard has been responsible for some major office accidents, sometimes involving filing cabinets falling over on workers. Filing cabinets can be very unstable, especially when one drawer is opened. Sometimes, when a second drawer is opened the cabinet can topple over. Drawers in some newly-designed filing cabinets will not open once one drawer is already open. Desks and doors also can be hazards.

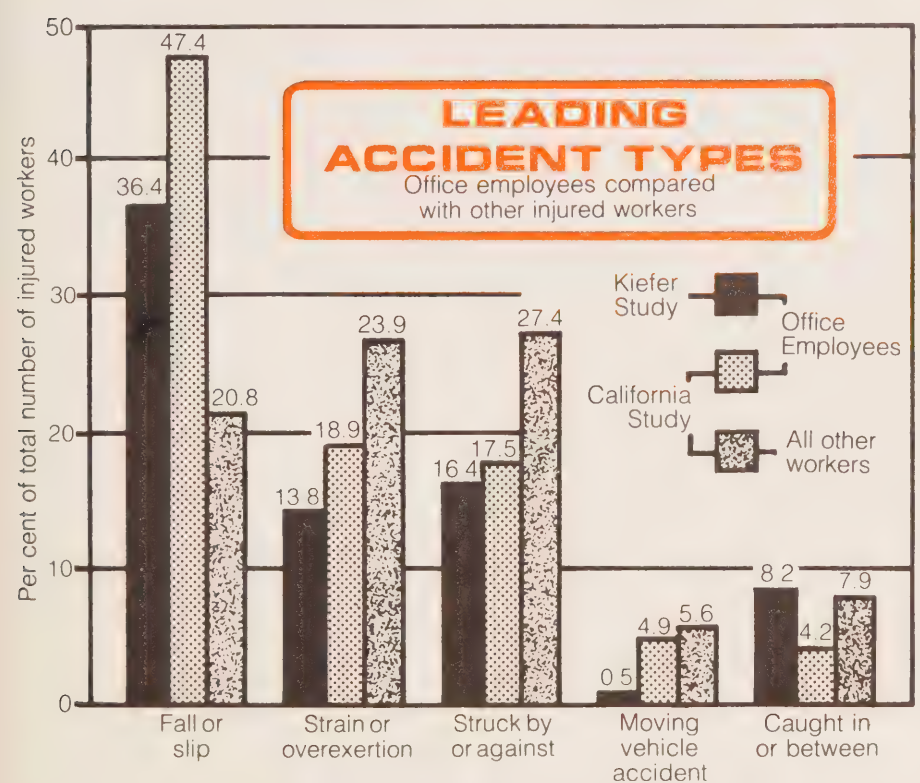
Ruth Hollman reports that a Bell employee missed 45 days of work because of a "hit by" accident. An employee was crouching to pick up some files and, as she began to stand up, another employee opened a drawer striking the first employee in the back. This resulted in a serious back injury.

Office equipment and the chemicals used in it can also be dangerous. Staff should be thoroughly instructed in the use of the equipment and composition of materials before using them.

Of course, as is the case everywhere, fire is also a threat in the office and management and staff must always be looking for fire hazards. The American National Safety Council reports that more than 18,000 fires a year strike offices in the U. S.

In many companies and unions offering safety education, the first step in the training process is often the development of an awareness that offices can be dangerous.

Bell Canada and IBM Canada are two major corporations employing many office workers in Ontario. Not surprisingly, they are also both commit-



ted to training their staff to work safely in the office.

The companies stage a two-front push for safety in the office. They try to instill safe attitudes among their workers while also ensuring the working environment itself is as safe as possible.

Stan Field at IBM explains that at his company each manager is responsible for seeing that his or her staff and the work area are safe.

"We don't differentiate between the manufacturing sector and the office sector in this regard."

Monthly meetings

Each manager at IBM uses a company management manual as a resource document for many of their duties. The manual has a large section devoted to safety education for office workers and a safety checklist which is referred to as the manager looks for hazards in the office.

The office section of the manual opens with the statement: "Complacency — the attitude that office accidents do not 'amount to much' — can be one of the prime causes of accidents."

IBM managers hold department meetings at least four times a year and at these meetings safety is often discussed with the staff.

"Of course," says Field, "the quarterly meetings are not meant to replace the day-to-day vigilance for safety in the office."

Most studies of office accidents indicate that new workers are more likely to have an office accident than veteran staff. IBM staff are aware of this and emphasize instructing new office staff in office safety.

Staff from Field's safety and security department conduct regular safety audits of all of IBM's workplaces, including the offices. This supplements a manager's own inspection of his or her areas.

IBM also has a real estate department charged with ensuring that new facilities meet the company's safety requirements. This is done before staff occupy a new facility.

"When they're finished, the basic building is safe," says Field, "it's once you put people in it that it becomes unsafe. Our job is to make the people safe too."

Staff are also given regular, comp-



any-wide safety bulletins, and if a serious accident or near-miss takes place, a "safety flash" newsletter will often be issued detailing how to avoid such an accident in the future.

Despite all of this, the key safety orientation for Bell's office workers — as well as the rest of the company — is on a one-to-one basis between the manager and the individual employee.

To assist in this process, the company's safety department produces an accident prevention plan, specifically written for their office staff.

Ruth Hollman of Bell Canada says her company has a comprehensive safety package for all sections of the company, including office workers.

"We consider safety training of our

office staff as important as the training of craftspeople. Certainly, the potential for accidents isn't as great but the accidents that do happen are as painful for the person involved and as costly for the company as if a lineman was hurt and missed the same days from work," Hollman says.

Bell office workers take part in monthly meetings that include safety instruction. This safety instruction usually relates to the office but also may include some discussion of safety in the home.

Says Hollman, "We want to help people to be completely safety-conscious. Being safe at home is just part of this process."

Each manager keeps a prevention plan manual for every worker under his or her supervision. The manual contains an office safety quiz on various aspects of office safety. The manager goes over the quiz individually with each worker and notes which areas the worker was familiar with and which areas he or she wasn't. The manager then reviews these areas with the worker and administers the quiz at a later date.

Safety inspections

In addition, Bell managers are expected to conduct regular safety inspections of their office areas.

"Our individualized approach allows management to devote their safety-time to the workers who need it most," Hollman says.

Bell, like IBM, also has a safety-audit group which makes regular inspections of all work areas in the company — including offices — to ensure their safety.

CUPE and the Industrial Accident Prevention Association (IAPA) also offer instruction in office safety to their members.

But representatives of both CUPE and the IAPA say that along with safety education, emphasis must be placed on ergonomics in the workplace — the relatively new science devoted to creating a workplace designed to fit work to people and not the other way around.

Colin Lambert of CUPE says that in addition to more obvious hazards, a number of less easily detectable health threats exist that are related to the design of the office itself.



Ron Bowers, resources manager of the IAPA agrees with this concern. "We find that people can experience back problems that are related to the type of chair in their office and where the typewriter they work at is placed.

Ergonomics

"We also know that office workers can suffer severe headaches and eye strain because of the lighting in their workplace," says Bowers.

"Lighting that is too bright or too dim can both be bad for a worker.

"These are the types of health problems that are not always easily attributable to conditions in the workplace."

Bowers is a strong believer in the value of ergonomics in the office workplace.

In conjunction with the IAPA, the

University of Guelph is developing a one-day seminar on ergonomics which will include discussion of the office.

Bowers says that ergonomics "is the number one concern" in terms of office safety.

The IAPA actively encourages employers to conduct safety audits of their office areas and to generally try to ensure that the workplace is suited to people.

Bowers explains that office designers have to be extremely careful in the placement of equipment and objects like telephone jacks once the office is furnished. Bowers also thinks management should encourage employees to point out what they see as office hazards.

CUPE's Lambert says that sexism

may be a reason that contributing factors to these ailments are not recognized in the office.

"Because many workers are women, there is a tendency, because of sexism, to think that things like backache and headaches are more a problem of being a woman than a result of workplace conditions.

Severe headaches

"I wouldn't be fair if I didn't acknowledge that we run into this attitude both among male union members of safety committees, as well as among management personnel."

Lambert says he would like to see workers more involved in the initial design of the workplace and would also like to see them encouraged to participate in ongoing efforts to make sure their workplace is the best possible.

"Let's face it, the workers themselves are the ones who best know if say, a chair is uncomfortable or if the lighting in an office is too bright. It makes sense to encourage them to participate in the design."

Lambert would also like to see office workers come under protection of the section of the Occupational Health and Safety Act which makes safety committees mandatory for companies employing 25 or more workers.

And what of the future in terms of office safety?

Lambert and Bowers agree that the office will become an increasingly complex workplace in terms of office safety as the technology and type of work changes.

Raise awareness

A controversy arose recently involving the use of video display terminals (VDTs) by office workers and, although government testing found the equipment safe, the controversy shows that constant safety vigilance will be necessary as any new equipment is introduced into the workplace.

At the same time, equipment such as word processors has changed the type of work performed by office staff and safety experts will no doubt be studying how the new jobs performed by office staff affect their physical and mental health.

It would seem that in the future, the need for safety in the office will only become more important.





If this scene looks a bit familiar, check for accidents waiting to happen in *your* office.

Tips on keeping the office safe

• **FLOOR SURFACES** — It is essential to clear floor surfaces of anything that could cause a fall (such as spilled coffee, pens, erasers, water from winter boots). Almost any object is capable of causing a fall when an unsuspecting person steps on or in it.

Make sure wires do not snake dangerously across floor surfaces. Install a new outlet if necessary.

Worn spots in carpets, chipped or broken tile and linoleum, and any other damage to the floor itself also poses a hazard. It's easy for shoes or chair casters to catch on damaged floor surfaces.

• **CHAIRS** — Most chair falls occur when a person is moving in his or her chair. Since many office chairs have casters, moving in them can lead to the chair getting away from the person in it.

When chairs are purchased for an office, make sure the casters are properly suited to the office floor surface.

• **STAIRS** — The safety rules for all floor surfaces also apply to stairs. A pen or pencil on the stairs can lead to a disastrous fall. Caution should always be exercised when using the stairs.

• **REACHING** — Never use a makeshift ladder to get to hard-to-reach shelves and other high places. For example, piling a box on top of a chair with casters can be dangerous. If your workplace has high shelves, make sure it also has a step ladder.

• **LIFTING** — Moving heavy objects the wrong way is one of the major causes of strains, sprains and lower back pains

— and typewriters, cartons or other office objects can be surprisingly heavy.

When lifting a heavy object, it's best to get help. But if you must lift it, here are some precautions to take:

- 1) position your feet for balance — place one foot slightly ahead of the other, about shoulder width apart;
- 2) bend your knees and keep your back as straight as possible;
- 3) keep your arms and the object close to your body at waist level; and
- 4) turn from the feet, or point your forward foot in the direction of the turn.

• **EQUIPMENT** — Don't try to repair damaged or malfunctioning office equipment yourself. If something is wrong, turn off the equipment and let an expert fix it. Be aware of what type of chemicals are involved in the use of equipment such as copiers and printers and take the necessary precautions when using these chemicals.

Remember that long hair, jewelry, fingers and loose clothing can easily get caught in operating machines.

• **FIRE** — The caution exercised at home to avoid fires should also be used in the office. For example, smokers should remember that a carelessly dropped cigarette or match can turn a wastebasket into an inferno. Caution must be used around office equipment chemicals, which may be flammable. Storage rooms, with their piles of paper, can also be hazardous. And all employees should know the fire instructions and procedures pertaining to their workplace.

Second Chance

International Year
of Disabled Persons



They overcame disabilities in new jobs

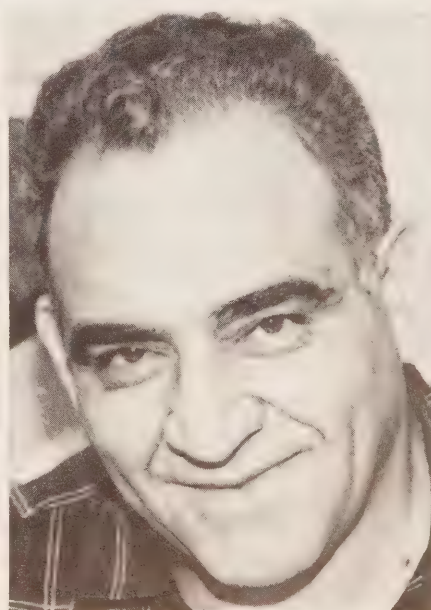
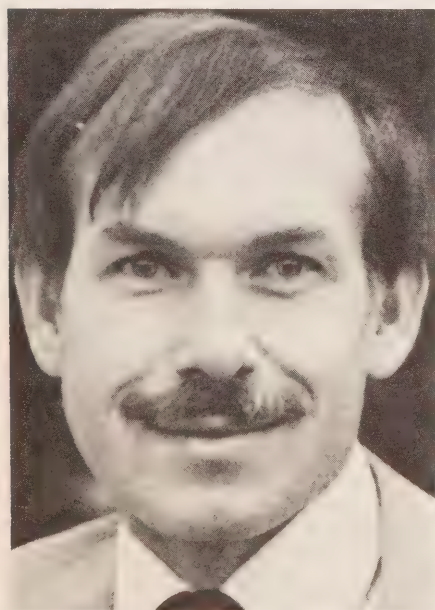
By United Nations declaration, 1981 is the International Year of Disabled Persons (IYDP). The theme of IYDP is "Full Participation and Equality."

In recognition of IYDP, WCB Report presents on the following pages the stories of three Ontarians who had to find new jobs after being disabled at work. They're representative of the many hundreds of people who prove every year that a disability does not put an end to one's working life.

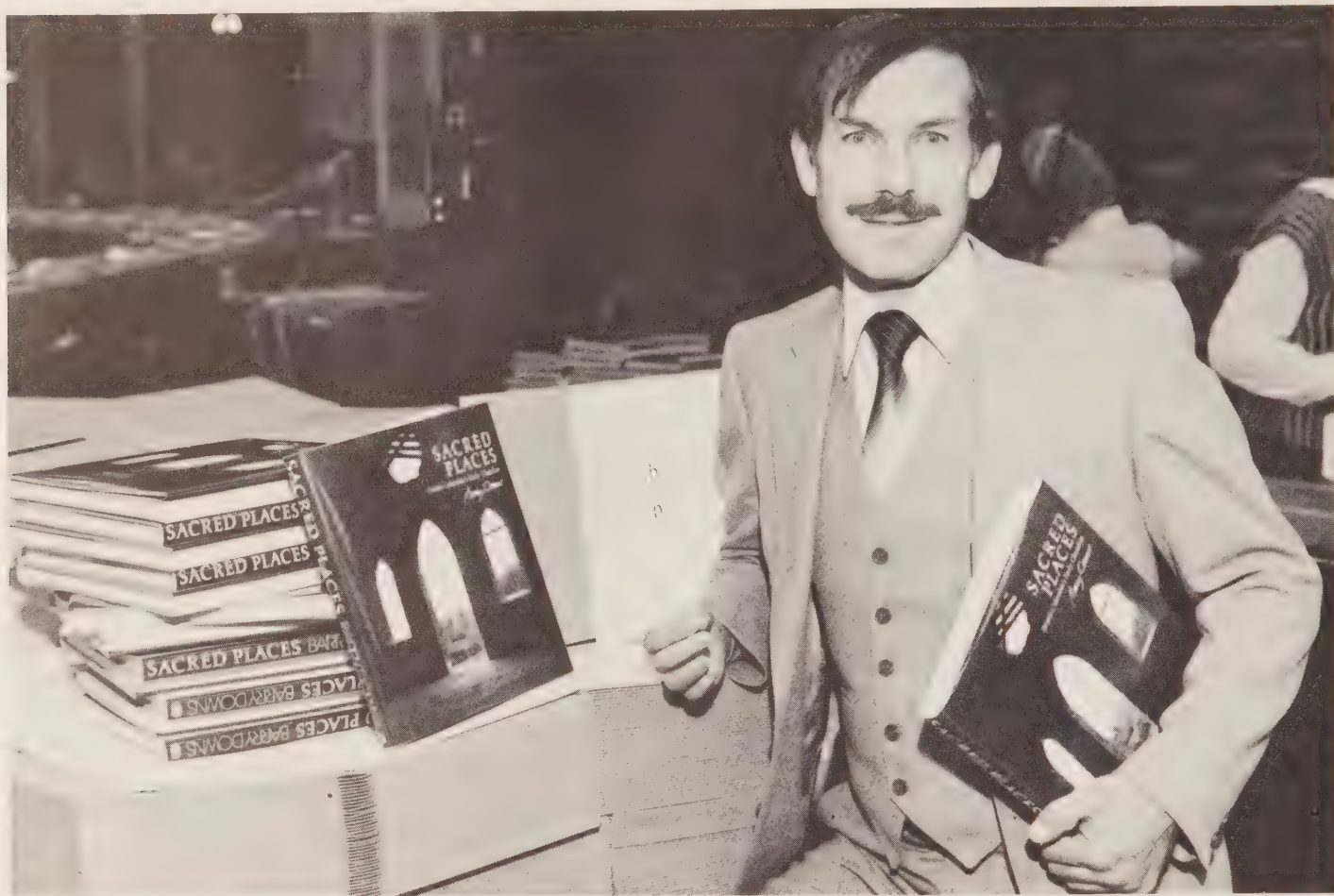
During IYDP, as in every year, the WCB helps disabled employees to find new, gainful employment. Aside from paying compensation and medical benefits, the Board tailors personalized vocational rehabilitation programs to the needs of disabled employees. The WCB actively seeks job opportunities with employers and offers an incentives package to help with hiring and training costs.

The WCB is participating in the Ontario Government's overall program for IYDP, and is initiating new programs in its own operation during 1981. These include:

- *Research into the feasibility of establishing a vocational evaluation and work adjustment centre to provide specialized testing and assessment services for injured workers;*
- *Specialization of vocational rehabilitation counsellors (both in type of counselling and by nature of disabilities);*
- *Introduction of a computer system that will help the WCB begin rehabilitation help as quickly as possible. The system will also match up the abilities of clients and the needs of employers who are willing to hire disabled persons.*



Joe's know-how aided transition



Joe Borgh: "After an accident like that you're down and out."

According to Joe Borgh, the only way to recover from a disabling injury is to try, try and try again.

"You can never give up. You've got to look on the brighter side and remember there are others worse off than you," says Joe, who had his right hand amputated after an accident at work. "You may start thinking, 'Now I'm useless,' but you can still be useful if you really try."

A husband and father of two, Joe had been running a press at T. H. Best Printing Co. in Toronto when his hand was injured. Within a month after the amputation, he was admitted to the WCB's Hospital and Rehabilitation Centre (H&RC) for therapy treatment. At the Centre's amputee clinic he was fitted with a myoelectric arm, a new breed of prosthetic that uses electricity to turn the flex of a muscle in a stump into an effective pinching motion between the artificial thumb and forefinger.

The injury ended the career Joe had been set on pursuing, and hampered his favourite pastimes of handyman projects and gardening.

"After an accident like that you're down and out," Joe says. "It took quite a while to get back to reality."

T. H. Best general manager George Metcalfe remembers that the company wanted to retain Joe despite his disability.

"We decided that Joe, with his knowledge of presswork, still had a place in the industry even though he couldn't operate a press."

The company needed more manpower in estimating, and it was suggested that Joe might be able to fill the spot by backing up his first-hand knowledge of printing with some classroom training. The WCB paid for vocational testing that showed estimating work could be suitable for Joe. The Board then paid for a course in estimating at Ryerson Polytechnical Institute's graphic arts department.

After the course, T. H. Best took Joe on as an estimator, first for trial and training periods with the WCB sharing wage costs, and then as a regular company employee.

"Coming back to work in the office felt kind of funny at first," Joe says. "After working as a pressman, I felt out of my element all dolled up in a three-piece suit. It took a while, but now I feel quite comfortable with office work."

"We're very happy with the way things worked out," says Metcalfe. While the WCB is currently sending Joe through a second estimating course, Metcalfe says the company will be happy to pay for any further courses that Joe is interested in.

While he still finds it frustrating that he's not as handy around the house as he used to be, Joe says, "I'm glad to still be alive. My family, my wife and kids have been behind me all the way. I found the more I applied myself, the more success I had."

A hard way to find the 'right' job

Chris Silman knows that you don't have to lose the use of a limb or one of the senses to be disabled. From her own experience, she's well aware that a back injury can put an end to a career and turn one's world upside down.

Ten years ago, Chris finished high school and went into child care work at the Thistletown Regional Centre for Children and Adolescents.

"I had to restrain kids sometimes, and I hurt my back the first week on the job," Chris recalls. "But the damage was an ongoing thing — it was nothing I could pinpoint."

A "never say die" attitude carried Chris through two years of back pain.

"I was really independent and determined to carry on," she says. "If my back hurt, there was no way I'd stop. I'd just think it was a fact of life and keep on and on."

The result was an operation to have two herniated discs removed from her back. After she recovered, Thistletown placed Chris in a job that the Centre felt would be less physically demanding.

Unfortunately, it was still too much for Chris' back, and a further injury led to a second operation to have two vertebrae fused together.

"After that, my doctor said there was no way I could go back. But I didn't want to quit. Thistletown tried to find me another job, but there was nothing available."

When she reluctantly began to consider her prospects for a new profession, Chris's mind turned to writing: "I had written all the time through school, and I'd been taking a writing course in night school after my second operation."

Vocational testing at the WCB's Hospital and Rehabilitation Centre showed that it would be worthwhile for Chris to return to school in a journalism program. The WCB sponsored Chris through a three-year program at Humber College.

After she graduated in 1978, the WCB paid Chris's on-the-job training for a summer with a daily paper in the Thomson chain, the Orillia Packet and Times.



Chris Silman: "It took a whole new way of thinking to cope."

"Then I moved to the Brampton paper, fully paid by Thomson," Chris says. Before long she was transferred to the chain's Queen's Park bureau in Toronto.

By exercising regularly and being careful to avoid extra strain, Chris manages to minimize the pain in her back.

"It took a whole new way of thinking to cope with my back," she says. "It's hard to realize at first that you've got to change your lifestyle, and get into new habits for everything you do — shopping for groceries, making the bed, you name it."

Chris says her back rarely gives her

trouble in her job as a reporter/photographer, and when it does get sore, a rest period or a hand from a fellow worker is all that's needed.

"Now I can control my back, because when it hurts I know better and don't push it. I've learned the hard way," she says.

Chris credits her daily program of yoga exercises for the fact that the last year has been "pretty well pain-free."

"The interesting twist to my story is that although I didn't want to leave child care, I turned out to be a lot better suited for journalism. It was an odd way to find that out, but it worked out all for the better."

For Nick, ability is what counted

It's a perfect match. Nick Cilurzo has found a job where his ability, not disability, is what counts. Eddie Black's Cameras has found an employee who's cheerful, hardworking and motivated.

The injury that changed Nick's life occurred in 1962, not long after he left mining for construction work. He was struck by a front-end loader, and the impact folded his head between his knees in an instant. The result was a severe upper-back injury and paralysis from the waist down.

A year-long convalescence followed, and Nick received a permanent disability pension from the WCB.

"Learning to function in a wheelchair was difficult at first," says Nick. "But after working underground in a mine for eight years, I felt I could get used to anything."

"I thought it might be easier to find work in Northern Ontario, so in 1964, my wife and two children and I moved to Larder Lake, where we bought a home."

"I couldn't find work there, and didn't enjoy staying at home. I found it only made me more upset."

In 1969, Nick and his family returned to Toronto, where he was contacted by WCB vocational rehabilitation staff for help in finding gainful employment.

Nick took vocational tests, which pointed to an aptitude for bench-level work using manual and visual skills. Nick's only job requirements were finding a work environment that was basically accessible to wheelchairs (the WCB will finance adjustments to washroom facilities, work areas and the construction of ramps), and sufficiently close to home that Nick could manage the drive in his customized car without undue strain.

Vocational rehabilitation staff located a position for Nick with a jewelry manufacturer, where he received on-the-job training in filing, cutting, polishing and casting jewelry.

In 1975, loss of circulation in his left leg necessitated amputation.

Other complications made matters even harder, and it was two years before he was able to return to work. Nevertheless, in 1977 Nick returned to his previous job where he stayed until fluctuating gold prices resulted in a mass layoff in the industry.



Nick Cilurzo: "I've found a good place, and I'm here to stay."

Once more, Nick contacted WCB vocational rehabilitation staff. Vocational rehabilitation counsellor Len Brown remembers Nick as always busy.

"Every time I visited him, he was always doing something — pruning trees, doing some carpentry work, or making a bit of jewelry. I felt that it would only be a matter of time until he'd find work."

Len was quickly proven correct. WCB employment counsellor Joyce Boone says that because Nick was willing to explore new job possibilities, she was able to match him up to a suitable job in less than a week. When an opening came up for a splicer in the darkroom at Eddie Black's Cameras, Nick was eager to give it a try.

Boone remembers the management at Black's as "understanding and interested in helping him out. They seemed accustomed to dealing with disabled people — the two interviewers, Nick and I went through the plant

checking out doorways to see that Nick's wheelchair could get through, and that the table he'd be working on was high enough.

A four-week assessment period was set up, followed by another four weeks' training, with both periods subsidized by the WCB. Nick's job responsibilities were to include operating a film-splicing machine in the darkroom, framing photographs and matching negatives with prints.

Nick's supervisor Inge Sengerling says, "We trained Nick like any new person. Training takes a little while, but once he got it, he was fine." Quality control inspection manager John Hadfield adds, "We're very pleased with Nick."

As for Nick, he's looking forward to being at Black's for a long time. "I've found a good place to work, and I'm here to stay. It's satisfying, close to home and the people are friendly." ❖

United effort on jobs

Labour link promotes rehabilitation program

By JOAN McCRACKEN

There's no better therapy for an injured worker than knowing there's a job to return to, once his or her treatment is complete," says WCB rehabilitation program specialist Doug McAllister. To achieve the goal of finding jobs for injured workers, McAllister is a counsellor, mediator, educator, and salesman all rolled into one.

McAllister's major responsibility is to promote the WCB's vocational rehabilitation program with unions, and to help them secure jobs for their members who have been disabled at work. He also acts as a resource person for vocational rehabilitation staff regarding the impact of legislation — such as the Labour Relations Act, the Employment Standards Act, and the Occupational Health and Safety Act, — as it relates to returning rehabilitated workers to the labour force.

The need to focus on labour's contribution in vocational rehabilitation became evident soon after the WCB employment program — in which "employment specialists" sell employers on the benefits of hiring disabled workers — started in 1978. The program includes an incentives package to help employers with hiring and training costs.

McAllister had been a rehabilitation counsellor before becoming an employment specialist. His background of working for unions (as business agent for both the International Association of Machinists and Aerospace Workers and the Building Services Employees International Union) made him the logical choice to forge a liaison with labour.

The enthusiasm of Ontario unions for helping disabled workers was soon demonstrated. The Ontario Federation of Labour passed a resolution at its 1978 annual convention unanimously endorsing the WCB's vocational rehabilitation program. The resolution also encouraged unions to set an example by hiring disabled workers for their own staff posts. In keeping with this resolution, part of McAllister's job involves approaching affiliated unions to encourage them to hire injured workers in union offices.

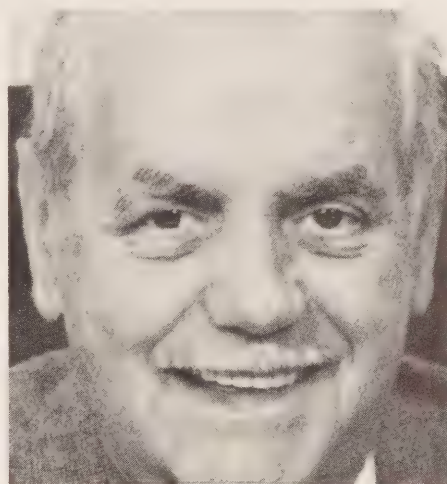
In September 1979, McAllister was officially made "labour and employment specialist," and in 1981 when the additional responsibilities of staff training were added to his job, he became "rehabilitation program specialist."

"My job involves being fair to both labour and management, and it's a con-

tinual process of educating unions' memberships," says McAllister.

According to McAllister, the best time for unions to provide job security for members with work injuries is at the bargaining table. A clause in the collective agreement can guarantee job security and suitable job modification for workers after an injury on the job.

"Economics, not rehabilitation, is naturally the major concern of union members at the bargaining table," says McAllister. "But anyone, at some unknown time, can have a serious acci-



DOUG McALLISTER

dent, preventing that person from returning to his or her regular job."

"With a clause in the collective agreement, the worker who is unable to return to a previous job after an injury has a much better chance of obtaining some other kind of employment from the accident employer."

McAllister can assist union representatives in the actual wording of the collective agreement clause, and in tailoring it to the needs of a specific membership.

In addition to providing for the rehiring of a worker after a disabling injury, this kind of clause also safeguards his or her benefits, seniority and pension.

"The worker is spared the trauma of starting over in a new occupation after years on the job," says McAllister. "And it's a lot easier to return to work when the boss and one's fellow workers are aware of that person's limitations, and can be supportive of what he or she's gone through." Aside from keeping a motivated employee, the company benefits by saving on disability payments that would otherwise continue until the worker finds

alternate employment.

A typical collective agreement clause will include a guarantee that the employer will provide a comparable job for the worker after the accident, as long as the worker doesn't work elsewhere in the interim.

This kind of clause was negotiated between de Havilland Aircraft of Canada Ltd. in Toronto and United Auto Workers Locals 112 (plant employees) and 673 (office employees).

De Havilland accident prevention supervisor Dave Christieson, who locates less physically demanding jobs for workers who are no longer able to perform their old jobs, sees this policy as good management.

"It's a company's responsibility to give its employees a feeling of security should an accident occur, and it's in de Havilland's interests to make every effort to retain experienced people," he says.

For workplaces where there's no contractual agreement for disabled employees, McAllister is authorized to act as a go-between to facilitate an agreement between labour and management over the re-hiring of disabled workers. The go-ahead comes when both sides ask for McAllister's help.

Helping unions to aid their disabled members goes hand in hand with McAllister's efforts to raise awareness of the Board's vocational rehabilitation program by addressing labour and management seminars, conventions and meetings.

"Some unions are still concerned that the program would displace other laid-off workers, or violate some other aspect of the collective agreement, but as time goes on, these fears are removed. We have no intention of violating any collective agreement," says McAllister.

Aside from the OFL, many member unions and labour councils have endorsed the program. While labour's support for the vocational rehabilitation program is in itself a boost, knowing that unions have no objection also encourages employers to participate in it, according to McAllister. He says it's the WCB's aim to gain the support of all Ontario unions and employers.

"It's a good deal that can be made better with the involvement of all parties," says McAllister. "It's that simple."

Doug McAllister can be contacted at (416) 963-0711.



WCB FACTS

System of claims adjudication set up to be thorough, prompt

Over the years since the Workmen's Compensation Board was created in 1915, its system of claims adjudication has evolved to keep pace with a workload that has grown to approximately 1,800 new claims a day. The adjudication system, while set up to respond to the urgent needs of injured workers as quickly as possible, also takes into account the fact that no two claims are alike, and they must be individually and carefully adjudicated to ensure fair and consistent administration of all the detailed provisions of The Workmen's Compensation Act.

This article will examine some aspects of the adjudication system as it applies to claims for medical aid and temporary disability. The adjudication of certain types of industrial disease claims and evaluations for permanent disabilities (pensions) will be discussed separately in future articles, as will the particulars of WCB's scheme of benefits.

The WCB's processing of a claim begins with notification of the accident. In about 60 per cent of claims, notification comes from the employer's accident report (WCB form 7, "Employer's Report of Accidental Injury or Industrial Disease"). Most of the remaining claims are initiated by a report on treatment of the injury from a treating agency (usually a physician).

However, an accident can be reported by an injured worker, or on his behalf by a relative, a union official or any other representative; the report can be made in person, by telephone or mail. Whatever the source or form of the report, the Board treats it as a claim for benefits to be adjudicated as expeditiously as possible.

To ensure prompt reporting, The Workmen's Compensation Act requires employers to send in an accident report within three days of learning of an accident, whether it entails only medical aid, with no time lost after the day of the accident — "no lost time" claims — or time off work — "lost time" claims. (Lost time claims include workers who continue in modified work at reduced earnings after the day of the accident.)

For lost time claims, the Board also requires treating agencies to send in their report as soon as possible after treatment. Except in cases where the Board requests it, treating agencies do not submit medical reports for no lost time claims.

Claims from most of Ontario are adjudicated at the WCB's head office in Toronto. The exceptions are the great majority of claims from the London area (Huron, Oxford, Middlesex, and Elgin Counties) and the Sudbury area (the districts of Algoma, Manitoulin and Sudbury), which are adjudicated at the London and Sudbury regional offices recently opened by the WCB. The adjudication of industrial disease claims and the evaluation of permanent disability claims from



these areas continue to be conducted at head office in Toronto.

The adjudication policies and procedures at head office and the regional offices are identical, although there are differences in the physical organization of the offices.

To best meet the twin objectives of prompt and careful adjudication, claims are "streamed" to different teams of adjudicators. In this way, straightforward claims do not get backed up behind complicated cases that will require detailed inquiries and/or specialized adjudication.

The first step in the streaming process is the sorting and coding of incoming accident and treating agency reports into no lost time and lost time claims. (Of the claims received approximately 60 per cent are no lost time.)

Reports for no lost time claims do not go through any further sorting, and are sent to a specialized group of adjudicators.

The Primary Adjudication Compensation Section divides all incoming accident

reports for lost time claims into two groups:

- a) uncomplicated claims which can be adjudicated and paid immediately
- b) claims that need more information due to their complexity

There is a further division of those claims that are paid immediately into two groups:

- a1) claims that are likely to result in more than 13 weeks off work
- a2) claims that are likely to result in less than 13 weeks off work

This sorting ensures that each claim will receive the attention it requires.

All claims that are paid immediately, and which are unlikely to extend beyond 13 weeks (a2 above) remain in this Primary Adjudication Compensation Section for continuing payments. This section also retains all claims set up on a medical report until the employer's accident report is received.

Immediately after the Primary Adjudication Compensation Section divides the claims into groups, basic claim information from the originating document is fed into a computer. A claim is registered and a notice is sent automatically to both the employer and the employee, informing them of the Board's receipt of the claim.

"Complex claims" needing inquiry (b above) and claims allowed immediately that are likely to last more than 13 weeks (a1) are all routed from the Primary Adjudication Compensation Section to the Extended Disability Sections for adjudication.

One aspect of the claims adjudicator's job is to establish a worker's entitlement to compensation benefits under the terms of The Workmen's Compensation Act.

While the claims adjudicator must handle claims as promptly as possible, he/she is also responsible for assembling a complete picture of the accident so a fair decision can be reached. If reports on an accident are incomplete — or if they don't agree — the adjudicator will have to track down the needed information or sort out the discrepancies. This may be done by phone, by letter, or by sending forms for completion (for example, WCB form 6, employee's report of accident).

The adjudicator may also need medical reports on treatment of the injury. For medical expertise, the adjudicator can consult the section medical advisor (staff

physician) assigned to his/her team, or appropriate staff specialist or consultant.

In some cases, the needed information isn't available by mail or phone, and person-to-person contact is necessary. The adjudicator will have one of the Board's field representatives in the Claims Information and Counselling Services Branch (who are stationed at WCB offices across the province) visit the concerned parties. These may include the injured employee, the treating agency, employer, fellow workers and witnesses to the accident. When the field inquiry is completed, the representative reports the findings back to the adjudicator.

When all information has been gathered, the adjudicator reaches a decision based on The Workmen's Compensation Act, Board Policies and Administrative Directives, Claims Services Division and the Claims Adjudication Branch Procedures Manual.

On some occasions, even after all available information has been gathered, it isn't clear whether a claim is allowable.

The Board's policy on the "benefit of doubt" principle states, "...if there is doubt on any issue because the evidence for or against the issue is approximately equal in weight, the issue shall be resolved in favour of the injured employee." This policy applies to all decision-making throughout the Board's operation.

One feature of the Act is that Workmen's Compensation is a "no fault" system, and the only time a claim can be denied on the basis of fault is when the accident "is attributable solely to the serious and wilful misconduct of the employee." Even this exception does not apply for injuries causing death or serious disablement.

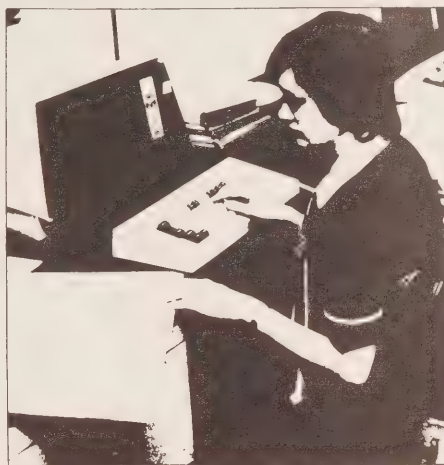
Although the Claims Adjudication Branch has the authority to allow claims, all claims in which the adjudicator recommends denial of entitlement must be reviewed by the Board's Claims Review Branch at head office. The branch consists of senior staff members with many years' experience in adjudication, who are responsible for reviewing each case to ensure the adjudicator has obtained all pertinent information. In each case, a Review Branch member scrutinizes the claim and considers the adjudicator's written reasons and policy references for recommending denial.

The Review Branch member has three options: 1) agree with the adjudicator; 2) disagree with the adjudicator and reverse the decision; 3) refer it back to the adjudicator for further inquiry.

Thus the Review Branch acts as an internal review process for claims in which the Adjudication Branch recommends denial or an objection to an adjudicator's

decision is received. When a Review Branch member agrees that a claim is not allowable under the Act, the injured employee is sent a letter explaining the reasons for the denial, as well as a booklet on the procedure for appealing WCB decisions. (This procedure will be the subject of a future WCB Facts article.)

From year to year, the Claims Services Division denies about 7 or 8 per cent of the claims submitted to it. Most of these denials are "administrative" rather than "entitlement" decisions. An administrative decision is one in which the claim is not eligible for consideration under the Act because the worker does not have the right to claim compensation or did not exercise his or her right. Typical denials include:



- claims made by persons who do not have workers' compensation coverage (for example, an employer, executive officer or contractor who has not obtained coverage for him/herself)
- claims in which no further action is taken after the worker does not reply to Board inquiries concerning the accident (such claims can be reopened at any time on the worker's initiative)
- claims which should not have been sent to the Board because they are not within its jurisdiction (for example, claims for accidents that are obviously not work-related, or those that occur outside Ontario to individuals who are not Ontario residents)

Once a claim is accepted, the injured employee may be eligible for any or all of the Board's services and benefits: payment for all necessary medical services; compensation benefits; permanent disability benefits and vocational rehabilitation counselling and services. Payment is authorized by the adjudicator and compensation cheques are sent directly to the injured employee every two weeks. Medical service accounts are paid directly to the treating agency involved by the Board's Medical Services Branch. The adjudicator

is responsible for notifying the Vocational Rehabilitation Division of injured employees who may need its assistance in returning to work.

To authorize continuing payments on a claim, an adjudicator may require updates from the treating agency and injured employee. Usually these will be obtained by sending out report forms to the injured employee for completion by him/herself or the treating agency.

As the duration of claims gets longer (and generally more complex and requiring more experience to handle) they are transferred to a more experienced level of adjudicator. Cases are referred to the Board's Medical Branch for review of the treatment program and the progress of the worker.

The policies and procedures used throughout the adjudication process are the subject of review and research projects by senior staff in the Claims Services Division. Quality control and efficiency testing projects are also conducted on an ongoing basis.

Of course, the first line of adjudication quality control is the thorough training of adjudicators. Extensive classroom training for new adjudicators is followed by on-the-job training in a controlled setting. Once training is completed, adjudicators' work is carefully monitored by senior staff until they become proficient at their job.

Ongoing training includes regular refresher courses and further training before staff members advance to a higher level of adjudication. In recent years the training program has been expanded to include familiarization trips to workplaces to view the work methods and operation used in various industries.

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Related Publications: The following publications contain information related to the above article: Making a Claim (booklet in English, French, Italian, Portuguese and Greek); The Workmen's Compensation Act (full text in softcover book); A Summary of the Workmen's Compensation Act, (brochure updating benefit levels).

Copies of these publications may be obtained by contacting: Communications Division, Workmen's Compensation Board, 2 Bloor St. E., Toronto, Ontario M4W 3C3; (416) 965-8722.

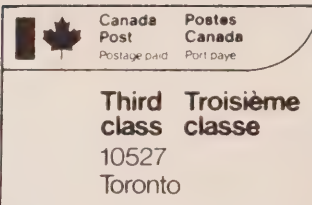
Two WCB reference books on claims adjudication may be purchased from the Ontario Government Publications Centre: Claims Adjudication Branch Procedures Manual (\$80); and Board Policies and Administrative Directives, Claims Services Division (\$55). For more information write: Publications Centre, 880 Bay Street, 5th Floor, Toronto, Ontario, M7A 1N8.





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CB Report



December 1985

ERGONOMICS
PUT TO WORK

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WCB Report

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SHORT TAKES

New WCB policy allows access to claim files



WCB Chairman L. M. Alexander and W. R. Kerr hold news conference.

Injured workers will have access to claim files in the event of a disputable issue, WCB Chairman Lincoln Alexander announced November 23.

The access to file policy, effective December 28, 1981, was promised by Alexander in June before Ontario's Standing Committee on Social Development. At a news conference last month, Alexander said the policy reflects his intention "to make the procedures of this Board as open as possible."

Workers receiving written notice of an adverse decision made by a WCB review group can request a copy of their claim file from the Board. They will also be able to inspect the file at Board offices throughout the province. Employers will have similar access to file information relevant to the issue in

dispute.

Information from the files is to be used to pursue the disputed issue with the Board.

In making copies for the worker or worker's representative, the Board will exclude medical information deemed harmful to the worker (eg. terminal illnesses such as cancer or a progressively debilitating psychiatric condition). That information will be sent to the worker's physician, to be released at the discretion of the physician, and the worker will be so advised.

"Workers will have a better understanding of the decisions made in adjudicating their claims," said Alexander. "We will be providing even greater assistance to them in resolving their concerns regarding a disputable issue."

Workmen's Compensation Act amended in 1981

The 1981 amendments to the Ontario Workmen's Compensation Act came into effect July 1, raising the ceiling on gross earnings covered from \$18,500 to \$22,200 per year. The maximum compensation payable for accidents on and after July 1, 1981, based on 75 per cent of an injured worker's gross earnings, is now \$320.19 per week.

Employer assessments will be based on the former earnings ceiling of \$18,500 until January 1982, when the ceiling of covered earnings will be raised to \$22,200.

The amendments have also raised permanent disability pensions – an increase of nine per cent for accidents on or before June 30, 1980, and an increase of 10 per cent for accidents on or before

June 30, 1981. Fatal benefits, survivors' pensions and clothing allowances have also been increased.

On June 25, 1981, the day after the amendments were announced in the Legislature, the Minister of Labour, Dr. Robert Elgie, tabled a White Paper and draft bill suggesting changes to The Workmen's Compensation Act, based on the recommendations of Professor Paul Weiler of Harvard University.

A pamphlet listing the benefit increases resulting from the 1981 amendments is available in both English and French from the Communications Division, Workmen's Compensation Board, 2 Bloor Street East, Toronto, Ontario, M4W 3C3 (416) 965-8722.

W.R. Kerr appointed senior executive director and assistant general manager

William R. Kerr has been appointed Senior Executive Director and Assistant General Manager of the WCB.

In this newly created position, he will assist Vice-Chairman of Administration and General Manager A. G. MacDonald in the day-to-day operational activities of the WCB. Claims Services, Vocational Rehabilitation, and Communications divisions, as well as regional operations in the London and Sudbury offices, now report to the Vice-Chairman of Administration through Kerr.

Kerr began his career at the Board in 1940 in the Claims Services Division. He was appointed director of public service in 1955 and subsequently established the Board's first public relations and information program. Kerr became administrator of the Board's Hospital and Rehabilitation Centre in Downsview in 1958. He was appointed principal officer and director of claims and rehabilitation services in 1966, and was liaison officer



W. R. Kerr (left) and A. G. MacDonald.

to the Royal Commission on review of The Workmen's Compensation Act the following year. In 1971 he became assistant executive manager of the WCB, and in 1973 was appointed executive assistant to the Chairman. Since 1974 Kerr has been executive director of the Claims Services Division.

Renowned prosthetist visits WCB



Dr. Jean Pillet, a world-renowned prosthetist from France, held a lecture and workshop at the Board's Hospital and Rehabilitation Centre in Downsview on October 26.

Pillet, who has treated more than 4,000 hand amputees from around the world, demonstrated how medicine and artistry are being combined in the development of hand prostheses.

The ultimate aim of all prosthetists, said Pillet, is to create an artificial hand which is both functional and life-like.

McDonald, Darnbrough, Shields, new executive directors

John F. McDonald replaces W. R. Kerr as executive director of the Claims Services Division.

As executive director, McDonald oversees the Claims Adjudication, Claims Review, and Claims Information and Counselling Services branches.

Since joining the Board in 1955, McDonald has acquired extensive management experience in claims services, having held such positions as claims supervisor, division head, assistant chief claims officer, and director of Review Committee. In 1973 he was appointed chief claims officer, and in 1974 became director of the Claims Adjudication Branch. Since 1978, McDonald has served as Secretary of the Board.

brough has held a variety of positions within the Board. Most recently he was director of the Claims Adjudication Branch.

James M. Shields is executive director of the Human Resources Division.

He has responsibility for the Resource and Development, Staff Relations and Employment, and Salary Administration branches.

Before joining the Board in 1973, Shields worked in industrial relations in the private sector. Prior to his appointment, he was director of Staff Relations and Employment.

Arthur J. Darnbrough has been appointed executive director of the Vocational Rehabilitation Division.

As executive director, Darnbrough is responsible for the division's Vocational Counselling and Rehabilitation Resources branches, as well as Employment Services.

Since joining the Board in 1961, Darn-

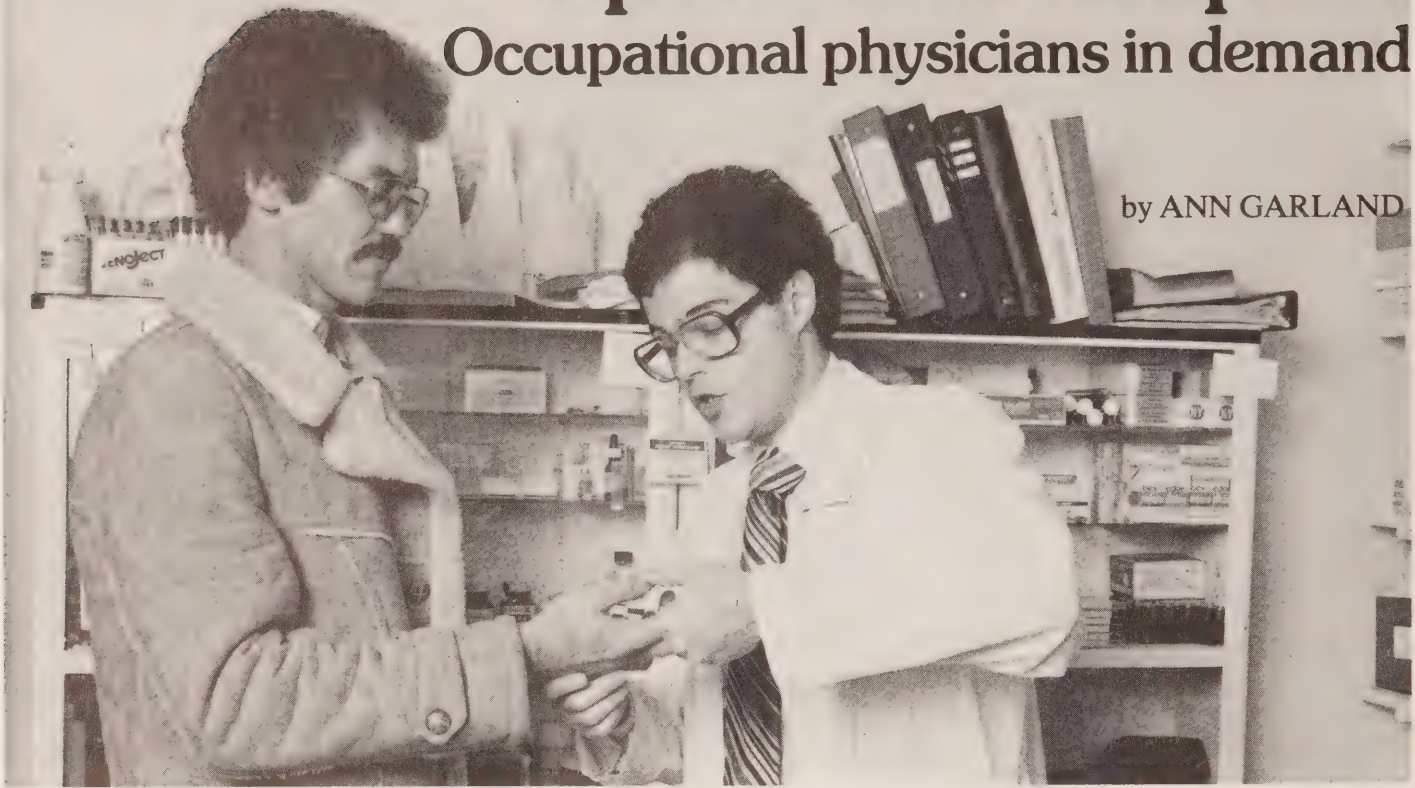
1980 WCB Annual Report

Copies of the 1980 WCB Annual Report are available from the Communications Division, Workmen's Compensation Board, 2 Bloor Street East, Toronto, Ontario M4W 3C3. Telephone (416) 965-8722.

Shop docs talk shop:

Occupational physicians in demand

by ANN GARLAND



Dr. Barry Kurtzer, Evans Medical-Industrial Clinic, examines a worker's hand injury.

"The satisfaction is long-term – in knowing a large number of people will have healthier lives down the road," says Dr. John Cowell of a unique and growing profession.

Cowell, former company medical director and manager of health, safety and environment operation at Canadian General Electric Company Limited (recently appointed vice-president of occupational health and safety for a Calgary oil and gas company), is one of an increasingly important group of physicians – occupational physicians – whose specialty is preventive medicine in the workplace.

In light of intensified concern for a healthy and safe work environment, the role of the occupational physician has become more essential than ever. Considering most of us spend approximately half our waking hours on the job, what happens in the workplace may have an effect on our health and lives outside it as well. The workplace is an ideal location for the introduction of a variety of health and safety programs, and industries are increasingly recognizing the merits of employing occupational health professionals, the need for whom will grow with more expected provincial regulations governing occupational health and safety. The number of physi-

cians wanting to get into the field is also on the rise, as is the demand for more specialized training in Canadian universities.

Despite these advances, or more likely because of them, there will be a major shortage of physicians in occupational medicine over the next 10 years, predicts Dr. James Nethercott, professor and director of the Occupational and Environmental Health Unit in the University of Toronto's Faculty of Medicine. Though a long-established discipline, occupational medicine has not traditionally excited large numbers of the medical profession, most of whom have been "oriented towards hospitals, not the community," says Nethercott. Occupational physicians have also been subject to a number of myths in the past, and with them, the challenge of establishing credibility in the workplace. With advances in epidemiology and the possible connection between some diseases and elements in the work environment, however, the need for specialists in the field is very real. "The challenge of the '80s," assesses Nethercott, "is to get more doctors into the workplace."

The number of companies in Canada currently employing full-time physicians is very small – in fact, they repre-

sent less than 5 to 10 per cent of the workforce, estimates Dr. Ernest Mastromatteo, full-time director of occupational health for Inco Ltd. and a veteran of 25 years in occupational health with the Ontario government. Most companies who employ occupational physicians do so on a part-time or consulting basis (another 20 to 25 per cent of the workforce, Mastromatteo estimates), while still others may have contact with a physician on emergency, on-call terms. A large number of companies (particularly smaller businesses) make no use of occupational physicians whatsoever, although new legislation in Ontario may soon create the need for them to do otherwise.

Approximately 550 physicians (both full- and part-time) are members of the Ontario Medical Association's section on occupational medicine. Like the companies that employ them, the majority of these doctors practise occupational medicine on a part-time basis, most often in conjunction with their own private practice. A growing number of doctors have a full-time practice of consulting to several different companies part-time, while still others are employed full-time by one company. Across Canada, Mastromatteo estimates there are between 1,000 and



"Our ethical responsibility is clear — to give workers the best advice for protection of their health."

— Dr. Ernest Mastromatteo

1,200 physicians practising occupational medicine part-time, compared with about 250 full-time occupational physicians (including those employed by government and academic institutions).

A relatively small but growing group of specialists, occupational physicians have indeed a unique role to play — the opportunity to practise preventive medicine with not just individual patients but large groups of people subjected to the same environmental conditions, both physical and emotional. "Occupational medicine, if practised properly, is much broader than a doctor merely performing pre-employment physicals," says Cowell of one myth sometimes associated with the profession. In conjunction with what may be a team of occupational health professionals in a large company (including occupational health nurses, industrial hygienists, technicians and safety specialists), the physician may be responsible for periodic health surveillance of workers exposed to known or potential risks, as well as identifying and making recommendations with respect to potential health hazards.

"Most doctors don't understand their patients in terms of their work environment," says Cowell, "while occupational physicians know the work-

place intimately." Adds Nethercott, "Physicians never used to even ask what their patients did for a living." The workplace raises the need for research into occupational diseases and other health problems that may affect a relatively stable group of workers. In fact, occupational physicians have been responsible for a number of important discoveries, including the detection of certain lung diseases and cancer-causing agents, the investigation of fume intoxication and pioneering work in the area of industrial toxicants, to name a few.

On a more routine level, occupational physicians do in fact perform such things as pre-employment physicals on potential employees, not, says Mastromatteo, to discriminate against workers, but "in order to hire people for work which they can do without risk to themselves or others." Similarly, medical examinations for employees returning to work after a lengthy illness or accident ensure they return to a job they are capable of performing. If an accident occurs on the job, the occupational physician is able to provide emergency treatment at the worksite, although the employee is free to choose his or her own doctor, chiropractor or dentist, who usually handles any follow-up treatment if necessary.

Contact and a rapport between the occupational physician and the worker's family physician is very important, explains Dr. Barry Kurtzer, physician-in-chief of the Evans Medical-Industrial Clinic, a clinic in the western-Toronto suburb of Etobicoke, to which companies without their own medical staff can send ill or injured workers for treatment. "The concerns of both doctors for their patient must be communicated to each other," says Kurtzer.

The kinds of health problems which may arise in the workplace vary greatly with the nature of business or industry itself, as well as with the extent of measures being taken to prevent their occurrence. Among the problems occupational physicians say they most commonly deal with, however, are work accidents (from cuts and bruises to back injuries, strains and eye injuries), illness, problems with noise and dust, exposure to dangerous chemicals, industrial dermatitis and alcoholism.

"The workplace is an ideal location for a variety of programs, including the early recognition of disease and the promotion of good health," says Nethercott. With the cooperation of joint union-management committees on

health and safety, several companies have introduced a wide range of progressive health care programs, concerned with the total health and well-being of all employees. Such things as hearing conservation, alcohol and drug addiction, stress, fitness, weight reduction, smoking and immunization are but a few of the many health concerns that can be addressed at work.

"We have the opportunity to make an impact on people who might not otherwise seek out a doctor, and can educate them to do so," explains Dr. Ainslie Gray, who as a part-time occupational physician and one of relatively few women in the field, works at several different plants in the Toronto area. "There's a lot of preventive education that goes with the job."

The educational process involves not just employees but their employers as well, who are, says Gray, "beginning to realize that if they practise more prevention, they will save in the long run" — save on such costly things as absenteeism, long-term disability and, indirectly, decreased productivity. Dr. Jack Richman, director of medical services at Goodyear Canada (half-time) as well as part-time medical consultant to several other Toronto companies, states,



"It's very exciting to gain the respect of a plant, to gain credibility with both union and management."

— Dr. Ainslie Gray



"We have trained more people in occupational health since 1977 than in the previous 30 years."

— Dr. James Nethercott

"Management is truly concerned with the health and safety of their employees – otherwise, they wouldn't have hired me. Management is willing to listen and do things to improve the workplace, and the unions are also cooperative when things are explained to them."

Under Ontario's Occupational Health and Safety Act, employers are legally responsible to provide healthy and safe working conditions, and employees can refuse to work under what they believe to be adverse conditions. Specific regulations with respect to seven designated substances—mercury, lead, asbestos, vinyl chloride, silica, isocyanates and noise – are forthcoming (the first, lead, in November, 1981), and will require that companies using these substances follow strict medical guidelines. Many companies who do not presently consult with an occupational physician may, in the near future, find the need to do so in some capacity – hence, the increasing demand for these health professionals.

Important as their job may be, the role of the occupational physician is not always an easy one, as most will admit. "You're always walking a tightrope," says Gray of the often delicate relationship the physician must strike between management, unions and the workers

themselves. In the past, unions have viewed these doctors with some distrust, have considered "company" doctors to be an arm of management. They make important decisions which can affect employees, including whether they should be off on sick leave, when they can return to work and whether they are even fit to do their job. They are also privy to confidential information regarding the health of individual workers – information management need not and should not see. At the same time, it can be difficult to make the employer understand just what the problems are.

"There are conflicts which doctors cannot avoid," concedes Mastromatteo, "but our ethical responsibility is clear – to give workers the best advice for protection of their health, and to tell management only what they need to know in terms of employment and the workplace." As Gray expresses it, "You just treat the health problem and do what's best for the employee, without getting into the politics," although she admits, "that's easier said than done."

Apart from the challenge of building credibility in the workplace, occupational physicians have had to earn credibility in the eyes of their peers as well. Other members of the medical profession have not traditionally viewed occupational medicine with great interest or importance and may, says Nethercott, merely "enter the field by accident, find it interesting and decide to stay there." Admits Gray of her profession, "One of the myths I went into it with is that it's a boring, dull job, but I've been

very surprised with the amount of variety in it. I'm sold on occupational medicine."

Medical schools provide very little undergraduate training in occupational health, and diploma and masters programs that are offered have been limited in number and size. Many, if not most occupational physicians in the workplace today are working from practical experience rather than a background of formal classroom training. With the recent surge of interest in the field, however, "there's a great demand for us to offer more programs," says Nethercott of the University of Toronto. "We have trained more people in occupational health since 1977 than in the previous 30 years."

"Right now it's probably the fastest-growing field in medicine," claims Kurtzer of the Evans Clinic. "It's an exciting, worthwhile field – and someone has to do it." As society becomes increasingly concerned with the environment and, as a result, the workplace as well, the role of the occupational physician will continue to grow.

"While it doesn't have the excitement and glamour of hospital medicine," explains Gray, "there's the challenge of communication – I really enjoy it. It's very exciting to gain the respect of a plant, to gain credibility with both union and management."

As Richman expresses it, "It's a field where you can prevent illness instead of curing it. Our main objective is to put ourselves out of work." ☒



"Our main objective is to put ourselves out of work."— Dr. Jack Richman

COURTESY GOODYEAR

If the job fits...

Ergonomics in the workplace

by Joan McCracken

The woman engineer of a small underground train in a U.S. mine, too short to see over the top of the train's dashboard, was forced to navigate by leaning out a side window. When the train jolted around a bend on one of her runs, she hit the wall of the tunnel in an accident which cost her the loss of an arm.

This unfortunate incident is but one of many examples of an ergonomic accident in the workplace, explains Dr. James Fisher, an ergonomic specialist with Peter Moon and Associates, a consulting firm in the field of industrial psychology. "Although the operator and equipment were both individually functional, they didn't match up," says Fisher. The driver and the machine were incompatible because the machine wasn't designed with that operator in mind."

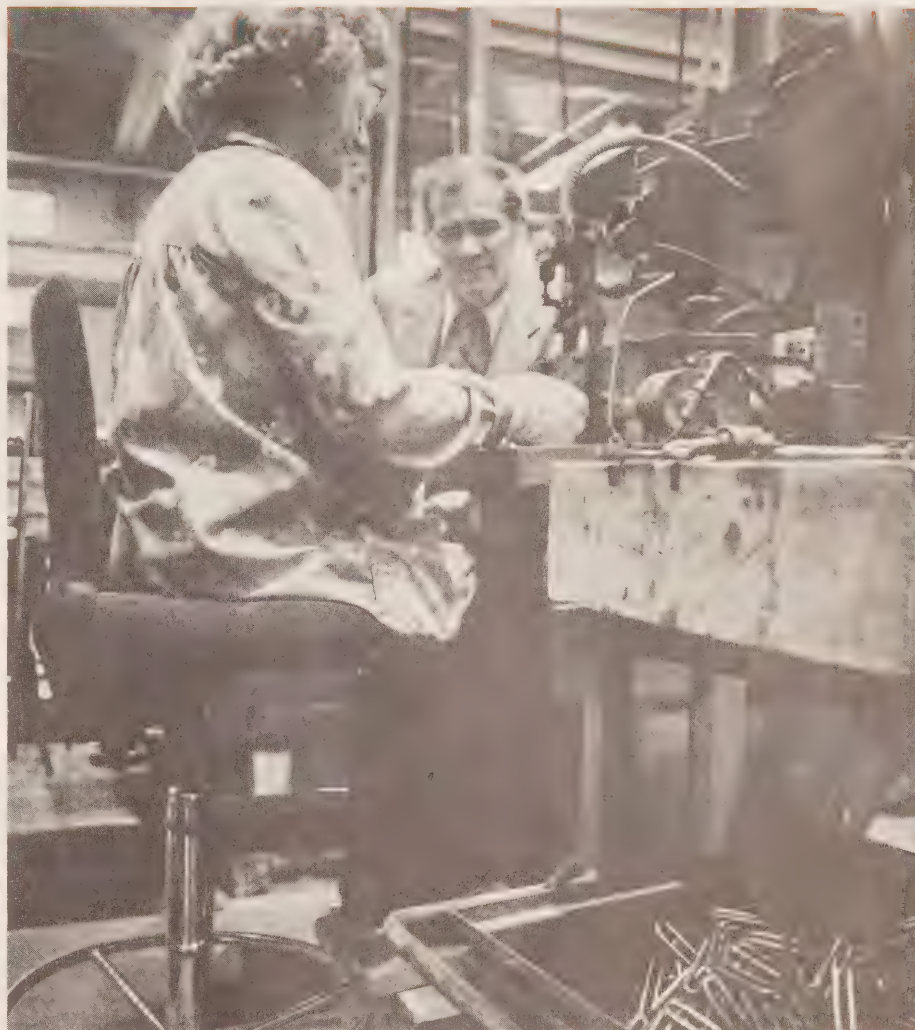
Ergonomics, an eclectic science drawing from physiology, biology, psychology, engineering and medicine, is the systematic study of how man, machines and the environment interact. By determining how people naturally perceive things, as well as their underlying assumptions of how things operate, ergonomists try to eliminate misunderstandings between people, machines and the environment. In the highly technical workplace of today, ergonomics has an increasingly important role to play in the health and safety of workers, and is in the best interests of employers as well.

Design for people

In the case of the female train engineer, an ergonomist would have assessed the effect of dashboard height on operator vision, also taking into account the operator's prior training, vigilance, and feelings of stress and fatigue. If the train's dashboard had been adjusted to the size of its operator, a tragic accident could have been prevented.

The practice of shaping technology to human capacities and limitations emerged during World War II, bridging the gap between rapid developments in machinery and the highly precise performance demanded of those in the armed forces who used it. After the war, ergonomics moved into the workplace, monitoring errors on the job and in the design and use of such products as cars, which involve a large degree of human-machine interaction.

Ergonomics or human factors engineering developed slowly in North America. Human considerations were generally omitted in the training of designers and engineers, and remained within the realm of academic research, with the exception of such industries



Health and safety manager Ivan Lamb examines a work station that was adjusted to the size and reach of the individual worker at the CGE Davenport plant.

as aerospace, aviation and nuclear power. With increased employer responsibility for health and safety, however, compounded by the pinch of inflation, many employers are beginning to recognize that the application of ergonomics to the workplace not only benefits the worker and employer, but can increase worker comfort and productivity, while reducing the incidence of accidents and occupational diseases, absenteeism and job turnover.

Because many companies are only beginning to consider the use of ergonomics in the workplace, it is difficult to estimate how many organizations are actually involved in ergonomic programs across the province. At the 14th annual meeting of the Human Factors Association of Canada, held in Toronto in October, more than 200 representatives

from industry, government, labour and research institutions met to talk about such issues as the office of the future, shiftwork, industrial training, and occupational clothing.

In industry, companies like Loblaws, Dominion and Miracle Food Mart food chains are trying to streamline the layout of supermarket check-out stations and improve training procedures for cashiers to increase comfort and efficiency and reduce fatigue. Ontario Hydro has one of the few industrial ergonomic units in Canada devoted solely to health and safety, where ergonomists are currently working with linemen to redesign their work methods.

Looking at all the links between people and technology in the work environment requires "a systems approach," explains Fisher. "The

bottom line is to have control over the production process itself, and you can only have control if all the pieces fit together." Overall industrial ergonomic considerations break down into four main types: work station and equipment design, selection and training of workers, policies and procedures of the organization, and environmental design, including factors such as noise, ventilation, lighting, vibration and toxicity.

Job-worker fit

A particular aspect of ergonomics – anthropometry – involves designing equipment or work environments to suit the body measurements of 95 per cent of the population (design for 100 per cent of the population is just too expensive.) As women assume traditionally male jobs, many work settings require retrofitting – the process of going back and modifying an existing design – for the majority of men and women. Workplaces are also being retrofitted for people in wheelchairs and with other physical disabilities.

Reasons for undertaking human factors programs vary with the companies that are doing so. At the Davenport plant of Canadian General Electric (CGE) Company Limited in Toronto, an absentee rate of 20 per cent and an inability to eliminate chronic back problems in spite of a new safety program were chief factors, says Ivan Lamb, plant health and safety manager. "We started to realize that something other than an accident was causing the type of back claims we were encountering, and that if we could control these conditions as well as the repetitive motions required in the various work positions, then maybe we could reduce the number of back problems."

At CGE, a health and safety group responsible for the plant's initial ergonomic assessment – a part-time plant physician, an occupational nurse, and Lamb – analyzed the routine tasks performed by employees at their work stations and isolated any awkward movements or positions that might be contributing to the development of muscle aches and pains. In order to find out why so many employees were missing work, they also looked at absentee records and discovered a variety of occupational diseases afflicting the workers, such as tennis elbow and sore wrists – "the result of working 15 to 20 years under the same repetitive conditions."

Dr. Morris Fraser, director of the Centre for Occupational Health and Safety at the University of Waterloo, was called in to do a formal ergonomic assessment of the CGE Davenport plant. As Fraser explains it, such an assessment begins with a walk-through survey, taking into account the flow of activity throughout the plant. The ergonomist then analyzes each work station individually to determine whether the controls, levers and display panels are comprehensible and accessible. He or she also determines whether a particular job imposes any undue physical,

emotional or cognitive demands on the worker, and considers the effects of noise, lighting and any toxic substances. Finally, the ergonomist takes any necessary measurements, such as air sampling, and the physical dimensions and proximity of machines.

Based on the results of these studies, CGE management decided to proceed with ergonomic modifications to their plant in 1979.

Tailored work stations

Where possible, the safety group, together with plant engineers, redesigned each work station to fit the actual body proportions of the person who worked there by adjusting levers or raising work surfaces. "We found a number of tall women working in areas where they couldn't really move, who were forced to sit in a twisted position," explains Lamb. When modification was inappropriate, such as a woman who was too tall for a certain machine, the worker was relocated to a more suitable job by way of the union's seniority process, at no loss in wages.

At CGE's Ward Street plant in Toronto, the joint union-management health and safety committee was involved in a similar plant review. The results included relocation of 180 people to a new site at the Davenport plant and personally tailored work stations, including 76 orthopedic chairs and new lighting. "In the last two years, we haven't had a compensation claim or a back problem from that group," Lamb explains.

Ergonomic assessment cost CGE \$5,000, says Lamb, plus an investment of \$70,000 to improve its health unit facilities and \$500,000 in adjustments to the workplace, which included many ergonomic applications. "But the results have been quite dramatic," he contends. "In the first year, we reduced our absenteeism by more than 20 per cent, which probably saved the company about \$600,000."

The results are no less astonishing when applied to specific situations. "A woman who had been continually losing time from work because of a back problem was examined by the plant nurse and her work station was also reviewed," recalls Lamb. "It had been designed for a man. Engineers redesigned her work station, an orthopedic chair was purchased (\$140) – and she has never been absent since. That was three to four years ago."

Both-win situation

A "both-win" situation is how Lamb sums up the ergonomic program at CGE. Employees are happier and more comfortable on the job, while in turn, the company reaps the financial rewards of improved attendance and productivity.

An ergonomic program was set up at Dofasco's Hamilton works in 1978, when operators began experiencing neck and back problems from a brand-new type of crane, says Dr. Edward Gibson, director of occupa-



Ergonomic modifications at CGE also included the introduction of orthopedic chairs and improved lighting.

tional and environmental health. Upon examining the set-up of the crane cabin, the ergonomics group discovered the operators had to bend over to see their work, and strained to reach some major controls, which moved in a direction counter to the movements of the crane itself. All these factors contributed to worker discomfort on the job.

Retrofitting Dofasco's crane cabins involved modifying the angle of the window so that the operator's work would be directly below, changing the controls to be more accessible, and moving in the same direction as the crane itself.

Ergonomists at Dofasco found evidence of similar problems in the older cranes as well. These models required up to six or seven large and heavy controls to manage the basic functioning of the crane, which from an ergonomic viewpoint, could influence a wrong selection if the operator had to reach for the controls in a hurry.

Standardized design

A retrofit project of this nature and scale involved a large number of people at Dofasco – crane operators, plant engineers, supervisors, foremen, electricians, the safety staff and an industrial hygienist. The problem in modifying the old cranes, Gibson says "was that you couldn't do a piecemeal alteration as you could in the new cranes – the whole cab had to be redesigned. So we elected to design a standard crane cab." All future models will

include a seated operating position, a cabin window with good visibility, and joy stick controls. Joy sticks allow two functions to each control, decrease the number of required controls, and put all controls within easy reach.

To date, two new cranes at Dofasco are in operation, "but we're not totally satisfied, so there are going to be more changes yet," says Gibson. "Things are now being looked at in the design stage, which is considerably less expensive than trying to change things after they've been installed," he adds. Communicating ergonomic requirements to manufacturers is an important way of influencing them to design for human considerations.

Improved morale

While there is a noticeable improvement in morale among crane drivers, says Gibson, he is cautious of drawing conclusions too soon. If workers see an employer taking a legitimate interest in their well-being, there will usually be an immediate reduction in absenteeism, job turnover and frequency of worker grievances, he says. But whether or not the effect is enduring depends on the merits of what was actually done, empirically measurable by statistics and accident rates.

Not all ergonomic modifications in the workplace are costly. Staff in the Drive-Train Division of the Hayes-Dana Inc. automotive parts plant in Thorold, near St. Catharines, were introduced to ergonomics through a presentation by Dr. Robert Webb, from the University of Guelph, to the Industrial Accident Prevention Association (IAPA).

Engineers and safety staff at Hayes-Dana are presently examining work methods and work station designs in various operations so that the worker can either sit or stand on the job, and so that unnecessary movements are reduced. Other modifications include redesigned platforms and walkways, and improved lighting. The expense of these modifications, says Bill McCance, the plant's health and safety co-ordinator, "is not something you budget for - it is part of your overall costs."

Attention to ergonomics in the plant has had a positive effect on employee-management relations, claims McCance, and workers are now more amenable to bringing problems forward.

Listen to employees

The most effective way to set up an ergonomic program in the workplace is to gain the support of all concerned - management, the health and safety committee, the unions, and above all, the workers themselves. Those who use the equipment are most knowledgeable about the specifics of the tasks being performed, says Dr. Geoffrey Wright, Chief of Safety Studies Service in the Ministry of Labour. Or, as Lamb puts it, "Ergonomics is the ability to listen to employees." Involving

workers in the modification process is an excellent way to make the transition from existing to redesigned machinery.

The joint health and safety committee should also be actively involved in the decision to start on an ergonomic program, says Clarence MacPherson of the Ontario Federation of Labour's Health and Safety Training Centre. MacPherson is also concerned that the balance between productivity and worker safety and well-being not be shifted in favour of productivity at the expense of the worker.

For employers wondering if an ergonomic program would benefit them, Lamb of CGE has this advice: "First, review your absentee records, breaking them down into occupational, non-occupational and compensable injuries. Review the work stations and look for a relationship between absences and working conditions. Then follow up with some formal education of staff, so they'll understand the kinds of problems they're facing."

Ergonomic awareness

While there are relatively few trained ergonomists in Canada, formal education is certainly not as hard to get as it once was. The nine WCB-funded Safety Associations see ergonomics as a positive tool in accident prevention that need not require highly specialized training or great cost. The IAPA runs a one-day seminar on industrial

ergonomics, and will have a guide on the subject available by the end of 1981. Information about ergonomics in the workplace is also available through the Safety Studies Service in Ontario's Ministry of Labour. Universities with ergonomics programs - Guelph, Windsor, Toronto, and Waterloo - offer consulting services as do private ergonomic consultants. Webb of the University of Guelph, who is also on the executive of the Human Factors Association of Canada cautions employers to first investigate the credentials of the person they hire to do an ergonomic assessment. The 175-member association has, as yet, no formal accreditation process for its members. "Coming relatively late to ergonomics, continues Webb, Canadians can at least profit from the mistakes made in other countries." With technology developing at an increasingly rapid rate, there is really only one way to reap the full benefits of human factors awareness without paying the hefty costs of retrofit - deal with potential problems in the design stage. And even that takes time.

"We're still fighting bushfires, modifying things that were poorly designed in the first place," says Gibson. "Ergonomics is only going to work when designers think about people in relation to the machines they're developing. The length of time this is going to take depends on how soon designers get the message."

Of course, that in turn depends on us. ☒



Adjustment of the new crane cabins at Dofasco involved changing the window angle to improve visibility and positioning the controls within easy reach.

COURTESY DOFASCO

Compensation system based on collective liability principle

Workers' compensation in Ontario is funded solely by employers of the province who are covered under the Act. Benefits to workers who are injured on the job – including compensation payments, medical aid and rehabilitation – are financed by way of yearly assessments on employers. The assessment process at the WCB is fundamental to the delivery of workers' compensation to injured workers of the province.

Most industries are included under either Schedule 1 or Schedule 2 of the Ontario Workmen's Compensation Act. The majority of these industries, numbering some 159,000 employers and 2.6 million employees, fall under Schedule 1 of the Act, a form of collective liability insurance whereby employers operating similar businesses are grouped together and are required to pay annual assessments to a common accident fund, from which benefits to injured workers are financed.

Mutual insurance fund

Industries under Schedule 1 range from farming to construction, manufacturing to health care, and are divided into 27 different classes and 108 separate rate groups, based on the nature of work or product produced. All employers in a particular rate group (for example, class 11, rate number 306 includes auto manufacturing) are assessed at the same rate, and the Board keeps a separate account for each group. An employer may have assessable wages under more than one rate number, depending on the nature of business operations. While individual rate numbers function as a mutual insurance fund for employers in that group, a Rate Stabilization and Disaster Fund is also provided to assist any group that cannot alone sustain the cost of abnormal accident experience in a year.

Under Schedule 2 of The Workmen's Compensation Act, employers are individually liable to pay compensation and medical aid if any employee has a

work-related accident or industrial disease. In addition to paying the full cost of claims, these employers are charged a Board administration fee, based on total benefits awarded during the course of the year. Active Schedule 2 employers, currently some 400 in number, include the provincial government, municipalities, railway and steamship lines, international airlines, commissions and school boards.

Application for coverage

Employers in industries which are not mandatorily included under Schedule 1 or 2 of the Act may apply to the WCB for coverage of their employees under Schedule 1, at the discretion of the Board. Coverage by application goes into effect upon receipt by the Board of the first assessment payment. Such employers include beauty salons, barbers, amusement parks, bowling alleys, clubs, churches, doctors and trade unions.

Workers employed in Schedule 1 industries are automatically covered under The Workmen's Compensation Act from the time they are first employed, full- or part-time, provided they are being paid (volunteer help is not covered). Even if their employer has not registered with the Board, employees are still eligible for benefits under the Act.

In order to determine the yearly rates at which employers in Schedule 1 will be assessed, the WCB takes several factors into consideration, including the present financial position of each rate number, the experience of past years, and the size of payments necessary to meet projected benefit costs of a particular rate number. Provision is also made for other costs, such as financing the accident prevention association of a particular industry, if one exists for that rate number, maintaining reserve funds and contingencies and paying administrative expenses. From these factors and the application of actuarial

principles, the Board calculates an annual assessment rate for each rate number – which may increase, decrease or remain unchanged from year to year.

1982 rates

Employers are assessed at these rates for every \$100 of their total assessable payroll for the year, up to an earnings ceiling of \$18,500 per employee in 1981, and to \$22,200 per employee in 1982. The average rate of assessment for 1982 is \$1.86 per \$100 of payroll. Rate number 940, which includes the business of accountants, architects, draftsmen and engineers, has the lowest rate for the year, at \$0.25 per \$100. The highest assessment rate for 1982 is \$20.25 per \$100 of payroll, which applies to mining contractors in rate number 106.

Annual statement

To enable the WCB to compute individual employer assessments, every employer in Schedule 1 is required by law to keep an accurate record of all wages paid out, and to complete and return an Employer's Statement of Payroll form (sent out by the WCB) before the end of February each year. The annual statement must provide the actual earnings of all employees in each rate number for the prior year and an estimate of payroll for the current year. Assessable payroll is calculated by the employer with the help of an information guide. Any later revisions to actual wage figures for the previous year should be made on an Employer's Statement of Payroll form, available from the Board. The Board should also be notified promptly of revisions to payroll estimates for the current year.

New employers in Schedule 1 should notify the Revenue Branch as soon as they intend to employ help, providing an estimate of employee payroll for the remainder of the calendar year. Upon receipt by the Board of required information, the employer will be assigned

an account number and sent the necessary forms. These forms, an instruction booklet, and other information can be obtained by contacting the nearest office of the WCB, either by telephone, letter or in person.

Contract work

Employers who let work to contractors or sub-contractors are required to ensure that these people pay their own assessments to the Board if employing help. The employer, known in this situation as the principal, is liable for any assessment default with the Board on the part of a contractor or sub-contractor, but is entitled to reimbursement from him or her. If the contractor does not provide the Board with a Statement of Payroll, the principal must include the employees concerned in his or her own payroll statement, again subject to reimbursement by the contractor. Before hiring or paying a contractor, the principal should require him or her to obtain a clearance certificate from the WCB, which indicates the contractor has filed a payroll statement and that his or her account is in good standing.

If an Employer's Statement of Payroll is not received by the due date, a late-filing penalty – five per cent of the employer's actual assessment for

the previous year – will be levied. If an employer fails to complete and return the form at all, a non-filing penalty of 10 per cent of the prior year's assessment will be charged, and the Board will issue an estimated assessment for that employer. If it is found that the actual assessable payroll of an employer is more than twice the estimated payroll on which the provisional assessment was based, the employer will be charged interest on the difference between actual and provisional assessments.

Notice of assessment

Once an employer's annual payroll statement is received at the WCB, the assessment process can begin. Most notices of assessment are issued to Schedule 1 employers in March, detailing their required payment for the year. Additional statements will be sent out during the year to employers with a balance still owing. Assessments of less than \$500 are payable in one amount, while annual assessments of \$500 or more are payable in quarterly instalments.

Sole proprietors, partners and their spouses, as well as executive officers of corporations, are not automatically covered by workers' compensation, even if their business is covered. Personal coverage can be obtained for these

people, however, by application to the Board. Coverage remains in effect until the applicant wishes to cancel it, or until the Board terminates it for either non-payment of an assessment or non-filing of the payroll statement.

Personal coverage available

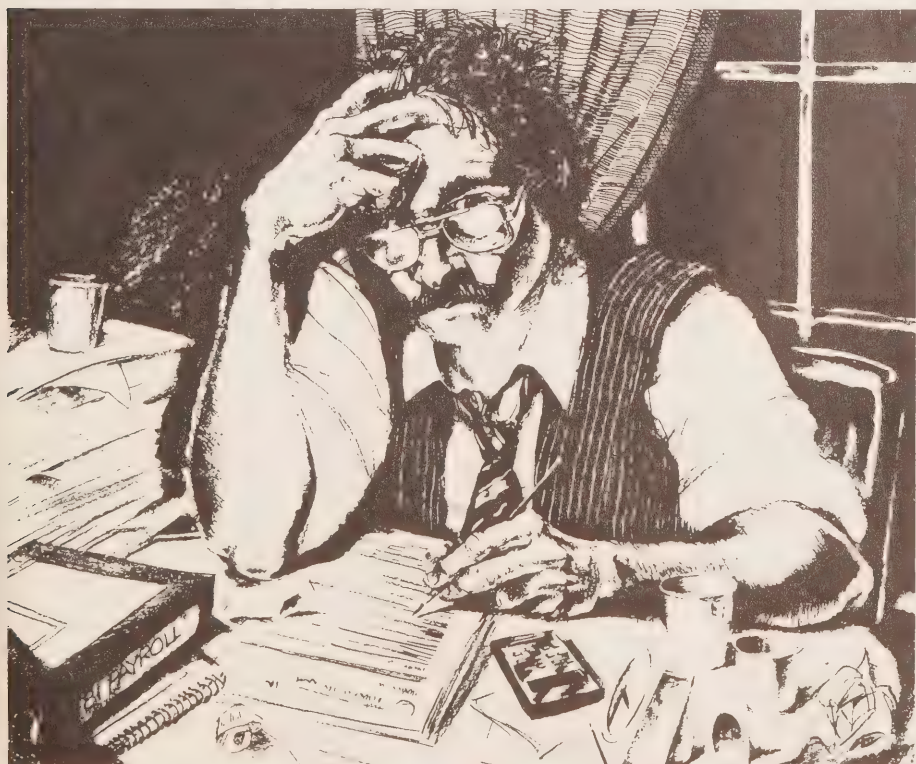
In order to apply for coverage, sole owners, partners and their spouses must estimate their earnings as accurately as possible, between a minimum of \$10,816 and a maximum of \$22,200 per year. Executive officers may apply for coverage provided their annual earnings are above the minimum, and will be covered at their actual earnings, subject to the maximum. The earnings of each applicant with personal coverage must be included in the employer's payroll for the period coverage is in effect. Applicants must also be made aware of their status under The Workmen's Compensation Act, including possible limitations to the right to sue for damages in the case of a work-related injury.

Payments received by the Board from employer assessments are pooled in a common accident fund, from which benefits to injured workers are paid. Employers under Schedule 1 in 1980 contributed a total of \$529 million in assessments, on a total assessable payroll of \$32.6 billion. Separate accounts are kept for each rate number, and monies are invested to earn interest for the accident fund.

Terminating business

Employers who cease to employ help or dispose of their business should notify the Board by letter, or on the Employer's Statement of Payroll, so that their account may be closed and, if necessary, their assessment adjusted. If the business has been sold, the employer should also indicate the new owner, so that a new account can be opened. Other required information includes wages paid to the date the business ceased or was sold.

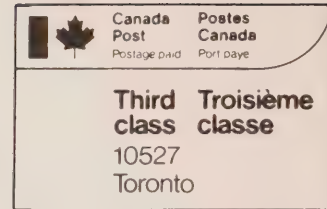
Questions or problems dealing with any aspect of the assessment process should be directed to the nearest office of the WCB, where staff respond to letter and telephone enquiries daily. Publications of interest and assistance to employers are also available from the WCB. ☒





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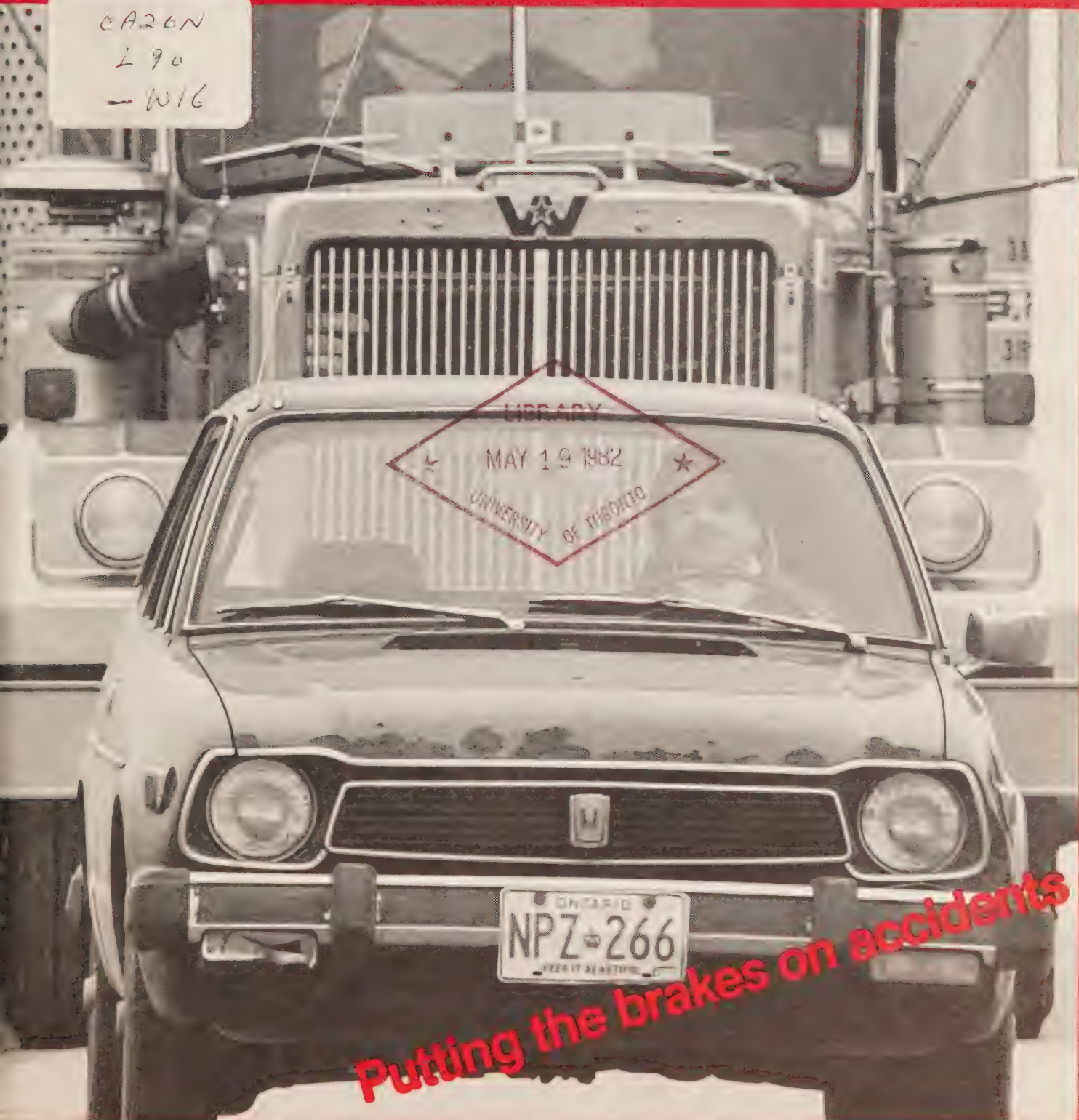
Workmen's
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Board

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Putting the brakes on accidents

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WCB Report

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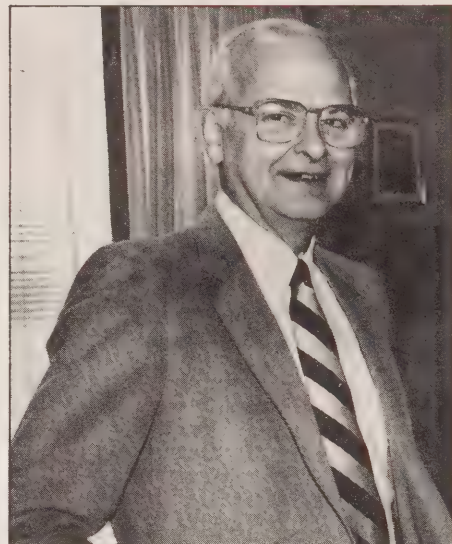
SHORT TAKES

New Minister of Labour appointed

In a recent cabinet shuffle, the Honourable Russell H. Ramsay was appointed Ontario's new Minister of Labour.

First elected to the Legislature for Sault Ste. Marie in 1978, Ramsay became Parliamentary Assistant to former Minister of Labour, Dr. Robert Elgie in 1980. He was appointed Provincial Secretary for Resources Development in 1981.

Prior to his election to the Legislature, Ramsay was vice-president and general manager of Huron Broadcasting Ltd. in Sault Ste. Marie, a member of the Business Advisory Council of the Great Lakes Power Corporation Ltd., and president and general manager of Hyland Radio-TV Ltd. and Lake Superior Cablevision.



WCB co-produces TV series for Italian community

Mondo del Lavoro, a television series dealing with aspects of work in the Italian community, is being broadcast every Tuesday evening at 8:30 p.m. on Channel 47, the Toronto-based multilingual television station. Produced by the Workmen's Compensation Board Communications Division and Multilingual Television Workshops, this Italian-language program has looked at aspects of safety risk in the furniture

manufacturing, meat-packing, landscaping and car repair businesses. Other programs have covered first aid, back care and winter driving.

Air time each week is also spent answering viewers' questions about the functions of the WCB.

The series, which has received favourable audience response, may eventually be carried on cable stations across the province.

Number of new claims to WCB down in 1981

The number of new claims reported to the WCB for the calendar year 1981 was noticeably lower than the number reported for 1980.

In 1981 the Board received 415,044 new claims, 6.7 per cent lower than the 444,674 incidents reported in 1980. A major reason for the drop-off in 1981 has been the poor economic climate in the province during the last year. The

economic recession has caused major employment disruptions in large industries throughout the province. A second possible factor is the impact of safety education efforts and accident prevention programs by the Ontario Ministry of Labour, safety associations, employers and unions on the volume of industrial accidents in the province.

Incidents reported as work injuries:

	Total	% Change	Mean per working day, seasonally adjusted	
12 months ending December, 1981	415,044	-6.7%	1,665	-8.1%
12 months ending December, 1980	444,674		1,812	

IBEP introduces leader-training

A one-day intensive leader-training seminar, based on the principles of the WCB's industrial back education program (IBEP), is now available to doctors and para-medical professionals who are interested in developing a preventive back-care program.

Presented to groups of 15 at the Board's Hospital and Rehabilitation Centre in Downsview, the seminar approaches back-care from the perspective of a treatment team, composed of a doctor, physical therapist, remedial gymnast, occupational therapist and psychologist. The seminar gives participants a grounding in the principles of IBEP, and an opportunity to tailor a program to the needs of their own organization.

A ready-made package consisting of training manual, flip chart, slides and cassettes will be given to all participants as part of the \$65 registration fee, and IBEP films and videotapes will be available to those attending the seminar at cost price. Like the IBEP program, the leader-training seminar is set up on a first-come, first-served basis.

Introduction of the leader-training seminar will not affect ongoing presentations of the Industrial Back Education Program in Ontario workplaces by WCB medical and paramedical staff.

This service is available free of charge to Schedule 1 employers as the fee is included in their assessments, and at reasonable cost to Schedule 2 employers.



The IBEP philosophy is one of prevention, based on the belief that the more knowledgeable individuals are about the back and its vulnerability, the better their chances of maintaining a healthy back (see WCB Report Special Issue on backs, Fall 1980).

An IBEP presentation includes two films produced by the WCB, a talk on back construction and functions and a discussion of good posture and body mechanics. Emphasis is placed on weight control, basic lifting principles, and the importance of maintaining

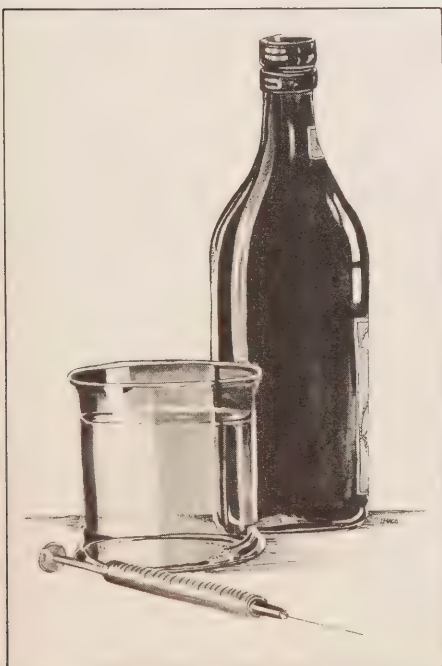
strong abdominal muscles and overall fitness.

During an IBEP presentation, participants receive two information book-

lets with question-and-answer sections to complete at home. All the employer has to provide for IBEP is an audience – in groups of 25 to 45 – and a room to make the presentation in.

For more information on the leader-training program or IBEP, contact Mrs. Janis Poppenk, Special Project Officer and IBEP Co-ordinator, Communications Division, Workmen's Compensation Board, 2 Bloor Street East, Toronto, Ontario M4W 3C3 – Telephone (416) 965-8722.

Alcohol/drug abuse seminars available



A series of alcohol/drug abuse seminars, presented by the WCB's Safety Education Division and the Council of Safety Associations, is being offered to organizations throughout Ontario.

The seminars are intended to help management and labour representatives deal with alcohol- and drug-related problems in the workplace. Separate sessions have been set up for organizations with existing alcohol/drug abuse programs, and for those that are interested in creating a program.

Seminars will be running until June 1982. Persons who are interested in attending should contact the Safety Education Division, Workmen's Compensation Board, 2 Bloor Street East, Toronto, Ontario, M4W 3C3 – Telephone (416) 965-8726.

Employment Services campaign on the road again

The 1982 WCB employment services campaign is now well underway. Throughout the year, teams of the Board's employment specialists will be visiting major Ontario centres to find jobs for rehabilitated workers.

A sign of the campaign's initial success was that 32 job openings were found by Board specialists in the economically hard-pressed Windsor area during the opening days of the blitz in that city.

Board employment specialists will be canvassing employers in North Bay, from May 10 – 14; Kitchener, from June 7 – 11; London, from Sept. 7 – 11; the Toronto area, from Sept. 27 – Oct. 1; Thunder Bay, from Oct. 4 – 8; Sudbury and Sault Ste. Marie, from Oct. 18 – 22; and Hamilton and St. Catharines, from Nov. 1 – 5.

Traffic safety at the crossroads:

Can we put the brakes on accidents?

by RICHARD MURZIN

The weapons used in our war against traffic death and injury are impressive: increasingly strict laws and more vigilant traffic law enforcement; widely distributed safety information; and readily available driver training. Yet in the past four years, a downward traffic accident trend seems to have stalled. Accidents, injuries and deaths as a ratio of miles travelled have levelled out.

That doesn't mean we've given up trying to find the checkered flag to end a deadly and expensive demolition derby. Experts are simply saying there's no single magic solution to reducing driving accidents, and traditional accident prevention methods must become more sophisticated. They're also saying we should hurry to embrace new safety tactics which aim at driver attitude.

The problem of road safety is all the more clear to Ontario's 320,000 commercially licensed drivers whose vehicles may be outnumbered but not outweighed in the asphalt workplace they share with 15 times as many drivers of private passenger vehicles. As efforts towards a general crackdown on unsafe drivers remain hit and miss, public attention has focused on commercial drivers as the suspected outlaws of the road.

Trucking interests have a trailer-load of statistics to demonstrate their proficiency at the wheel. But statistics can't compare with the lasting impression of glancing into the rear-view mirror and seeing a wall of roaring chrome grille. Likewise, automobile proponents have statistics to damn the truckers. They're none too convincing to the truck driver trying to stop two tons of cargo after a sub-compact jackrabbits out of sight in front of his cab.

Attitude important

The belief that "someone else" is in danger or at fault is used to rationalize many irrational behaviours. Most smokers don't think about their own chances of getting lung cancer, and likewise most drivers don't think they will be involved in an accident, much less cause one. In fact, 80 per cent of all drivers believe they have above average road skills.

And while four out of five drivers believe that if they are involved in an accident it won't be their fault, four out of five accidents are chalked up to human error. A discrepancy exists between drivers' conception of their ability and the reality of human error.

The consequences of being involved in a road accident should be well-known by now. In 1980, 1,508 died on Ontario's roads, 101,367 were injured and damages totalled \$357 million. Accidents caused 900,000 lost work days that year.



Confronted by a common threat, drivers fail to share a common offensive. What commercial and private road users appear to share is a stubborn resistance to being coaxed, legislated or penalized into saving their own necks.

There are several solutions from the experts. Police say enforcement is the answer, legislators believe in more driver regulation and educators recommend better training programs. Concerned employers are being told to screen employees to keep dangerous drivers off the road. Psychologists studying traffic accident phenomena say we're not going to get safer roads until we're plugged into road-user attitudes. There is a group of drivers out there who remain undefined except for their resistance to traditional approaches to safety motivation. The driver who doesn't buckle up, has a

couple of drinks before driving, speeds, or does anything unsafe, becomes a part of that group. The problem in driver motivation is to show that this kind of behaviour constitutes a genuine risk.

"There is no silver bullet, no simple solution," says Herb Simpson, executive director of the Traffic Injury Research Foundation in Ottawa. "Whatever marginal gains we make must be considered significant." The former psychology professor heads up Canada's premier accident research agency but concedes the top billing isn't so lofty considering only a handful of people are studying the traffic accident malaise. That bothers him because he senses it's another reflection of public apathy. "There are all sorts of diseases that kill far fewer people and they are called national disasters," he says. "Maybe people are happy with the way it is. Maybe road users, generally and collectively, feel 5,000 deaths a year (across Canada) is acceptable."

OPP saturation

Enforcement, says Simpson, has been our first line of defense against road accidents. Ontario Provincial Police Inspector N.J. Waslyk of the Traffic Investigation Branch claims there is a correlation between police visibility and accident reduction. The OPP used saturation enforcement on the 19-mile stretch of Highway 7 north of Toronto. Traffic accidents were reduced 18 per cent last year on that highway because there were six police officers on patrol every shift compared to one per shift in 1980. In this circumstance the increased enforcement didn't cost more because staff were drawn from other areas. Under normal circumstances, this kind of police vigilance does cost more, and taxpayers must decide if it's worth the cost at the expense of crime areas perceived to be a greater public threat.

Waslyk is convinced the price of increased enforcement is worth paying and you might say he has a personal stake in it. "There have been times when I've had to tell people that their child, or husband or wife has been killed in an

accident.”

The OPP was sold on selective traffic enforcement for commercial vehicles in 1967 when complaints from the public of truck and bus speeding led to the creation of the Selective Law Enforcement Patrol (SLEP). Six SLEP officers man two cars riding herd on trucks using 35 miles of Highway 401 across the top end of Metropolitan Toronto.

P.C. Dave Bedford is a newcomer to the commercial traffic beat. He's been on it for about a month and he's starting to realize you have to be a Philadelphia lawyer to understand what's legal, illegal or downright dangerous with some trucks. His backup on the finer points of road worthiness are the safety lanes adjacent to his Downsview detachment, where Ministry of Transportation and Communications (MTC) inspectors examine the trucks.

His car is OPP black and white, but without the rack of warning lights on the roof. Its silhouette is low-profile, but P.C. Bedford says the truckers know he and a partner in another car are out there. And he knows the truckers. “If I was going the other way, I'd get that guy,” he says, cocking his head at an 18-wheeler streaming sooty exhaust along the eastbound express lanes. “I've caught him twice before. That smoke is a sign the equipment is being over-worked.”

Bedford could give the polluting trucker a summons worth \$28, the average value of most infractions he spots. Last year the SLEP team lodged 1,900 charges, 1,300 against commercial drivers. Excessive smoke was the most common charge, with 285 summons handed out, followed by excessive speed, 259, and defective equipment, 167.

Sympathizes

“At times you have to feel sorry for the driver,” he says. “The poor guy wants a job and he's over a barrel if he complains about the equipment because he knows that there are 10 guys behind him who want his job.”

Another measure to ensure safety on the roads is the creation of tougher traffic laws. But the effect of a law should not be confused with the first public reaction generated by its introduction. Case in point was the introduction of mandatory seatbelt use and lower speed limits in 1976. Surveys done after the legislation was passed at Queen's Park showed 70 per cent of Ontario drivers were complying with the new law, and that result was confirmed in hospitals



across the province.

A joint Ministry of Health and MTC study examined health-care costs for 500 traffic accident victims in 16 hospitals during the first three months of 1975 and 1976. The number of people admitted to hospital after traffic accidents went down by 2,300 in the 1976 sample, and hospital-care costs fell \$1 million.

Seatbelt use down

The most conservative estimates predict universal seatbelt use would cut traffic accident fatalities by 25 per cent. Half of Ontario's drivers are wearing seatbelts today – 20 per cent less than six years ago when seatbelt use was made law. Half of Ontario's drivers aren't responding to traditional motivators – the threat of penalty of law, injury or death.

Simpson characterizes the buckled-up drivers as not just people who won't be hurt in an accident, but also the least likely people to be involved in an auto accident. He maintains that people who heed the seatbelt law are probably complying with other rules of the road that decrease their chances of being involved in an accident.

Police have netted surprising results through selective enforcement of seatbelt law. Ottawa police recently completed the first phase of their Selective Traffic Enforcement Program (STEP), with a view to both enforcing and surveying seatbelt use in the city. While the

program was run, seatbelt use increased from 60 per cent of the driving population to 80 per cent. Yet the number of traffic injuries in the Ottawa area didn't change during the program.

Simpson thinks he knows why: “It's because the 20 per cent of people who were not wearing their seatbelts are the same 20 per cent who have the greatest possibility of being involved in a crash,” he explains.

Simpson argues that arbitrary enforcement in this case didn't achieve all it set out to do. He says to lower the injury rate we would have to know how to motivate the accident-prone drivers to buckle up. “I'm not anti-enforcement or anti-law, but they shouldn't be the only methods,” says Simpson. “The point is, we don't understand the mentality of the road user. That's where we're heading if we really want to prevent accidents.”

A personal skill

Selling the safety message to some professional drivers is difficult, says Mike Holmes of the Transportation Safety Association. Driving is often considered a personal, rather than work-related skill. So while you may be able to tell someone how to lift a heavy parcel safely into a truck, telling the driver how to drive it safely to its destination is another matter. “You can tell them how to work,” Holmes sums up, “but don't tell them how to drive.”

Gerald Wilde, Queen's University

psychology professor, says the only thing we know for sure about dangerous drivers is that they are willing to tolerate higher levels of risk than safe drivers. He says the frequency of road accidents is a result of a trade-off between the benefit drivers receive from engaging in risky behaviour and the costs associated with

Wilde, when the driver taking risk after risk is reinforced in the belief there is no consequence to risky behaviour. He believes safety campaigns should emphasize that such behaviour may shave a few minutes off a long trip, but put a driver closer to stopping the clock altogether.



taking risks. For example, a sales person may drink with a client before driving because the reward of impressing a client outweighs the perceived risk of crashing or being detected by police. Or a driver may fail to buckle into a seatbelt because the perceived risk of an accident and being thrown onto the road is less than the immediate inconvenience of putting on a seatbelt. Likewise, among commercial drivers, financial benefits of driving many miles in relatively short periods of time can lead to conditions that favour the taking of risks. Wilde suggests paying all commercial drivers by the time duration of the trip rather than by the distance might reduce their willingness to take risks.

Overestimate gains

Wilde says legal deterrents and enforcement are necessary to traffic accident prevention, as are incentives such as preferred insurance rates for safe drivers. He thinks drivers in general tend to "grossly overestimate the time gains made by speeding, overtaking (and) passing through amber lights at the last second." The problem compounds, says

While the newest safety strategies aim at risk-takers, business is being told the easiest way to reduce industrial driving accidents is to keep bad drivers off the streets.

Driver selection foremost

Bruce Bedford (no relation to P.C. Bedford) is manager of loss prevention for Markel Service Canada Ltd., a major insurer of commercial truck fleets. Although he spent many years as a driving teacher and operator of franchised driving schools, he places driver selection before safety education as a way for business to prevent accidents.

Clever fleet operators realize what lies beneath the four out of five accidents caused by driver error. When the consequences are immobilized rigs and paralyzed business, says Bedford, top management priority must go to choosing inherently safe drivers. Bedford says drivers can be judged by their driving records. Overlook that obvious fact and your business is in for trouble, he says. His advice on hiring and supervision saved one company \$1 million worth of goods insured last year.

A person with driving convictions, regardless of accident claims, is an accident waiting to happen, says Bedford. He suggests employment standards such as not hiring drivers under 25 who have driving demerit points in the preceding year. Drivers with convictions for impairment, careless driving or failure to remain at the scene of an accident shouldn't be allowed to drive commercially for three years, he claims.

Need him least

Bedford notes that the people who seek him out for safety advice are often the ones who need him least. When his company ran a patrol car program to monitor driver safety, it was the companies with good safety records that requested the service.

Driver education, including the widely offered defensive driving course, is no longer considered a panacea to the carnage on our roads. Similar to seatbelt use, it was discovered that those who took driver education voluntarily, even before it was a way to get up to 41 per cent off insurance, were the type of people who would have had fewer accidents even if they hadn't taken the course. Simpson says the courses could originally be used to identify safety conscious people who were least likely to crash their vehicles. By making the courses available to all, we've lost a method of distinguishing good from bad drivers, he says. And he adds, the availability of defensive driving courses as a quick route to a driver's licence is more than ever putting young, high-risk drivers behind the wheel.

"You could say the same thing to the Red Cross about their swimming program," argues Ed Moore, traffic safety manager of the Ontario Safety League. "You could say that because the Red Cross teaches people to swim more people are going to drown. That in itself is an unacceptable statement. Even the poorest driver education course from the poorest driving school is better than nothing."

Despite driver education, legislation and enforcement, however, the problem of the high-risk driver remains unsolved. Psychological research says we won't so much change the risk takers as show them the value of safety compared with the perceived rewards of dangerous behaviour. There is no easy answer, but some major steps in the right direction have been made by a number of corporations, to promote safe driving practices and reduce accidents on the road. ☒



The sign on the doors of their trucks says it all: "No job has priority over safety." That's the way the people at Hendrie & Co. Ltd., an Ontario-based trucking firm, along with many other companies involved in road transportation across the province, view the importance of driving safety.

From companies that transport goods in trucks and vans to those that move people in buses and cars, safety is, necessarily, a primary concern. It not only saves lives and injuries, but dollars and cents, as countless businesses have discovered.

"Many people think safety is just a cost item, that it's not worth it," says Tom O'Sullivan, operations manager and former safety director at Hendrie & Co. Ltd. in Toronto. "But with things like our insurance rates down, compensation payments down and our public image up, I'm a believer now."

O'Sullivan recalls a time more than 20 years ago when his company was plagued with accidents and personal injury. "There's been such a change since then," he reflects. "We spend a lot of time on safety, and we're pretty proud of our drivers."

The for-hire trucking firm, with some 380 power units and 260 drivers across Ontario, has a driving safety program which starts with strict hiring practices and driver training, then follows up with periodic spot checks of their drivers by a driver-trainer, who roams the highways

in his own vehicle to observe their skills behind the wheel and to point out possible problems. O'Sullivan says he himself will even contact another trucking company if, in the course of driving, he sees a truck being unsafely operated. Prizes and banquets for employees with safe-driving records and regular safety meetings are also part of a program which O'Sullivan stresses top management must be in on to work.

Management support

"If management cares, the drivers will care," agrees Sam Bigus, Ontario transportation superintendent at Labatt's Ontario Breweries in Toronto. Treating their drivers as professionals and, in turn, expecting a professional attitude from them are fundamental to driving safety at Labatt's, Bigus explains. With a private fleet of 60 tractors, 86 trailers and some 60 drivers transporting beer throughout Ontario, "we have a safety-conscious image to maintain."

High prerequisites for Labatt's drivers include five to ten years' prior safe driving experience on the highway and enrolment in a St. John's Ambulance course, for which refresher courses must also be taken. Drivers are paid by the hour as opposed to by the mile or kilometer, explains Bigus, so that they will not feel pressured to arrive

at their destination as soon as possible – which may mean unsafely. Before they even get into a vehicle, they must make a mechanical check for potential problems, a safety practice which many companies adhere to.

In return for these and other safety efforts, Labatt's has had only four or five serious accidents over the last 40 years, claims Bigus, and, in the Toronto area alone, half as many "fender-benders" in 1981 as in the year before (most of them a result of backing up large trucks in lots, he says). Driver awareness and morale have been further enhanced through a courtesy-stop program, whereby drivers are encouraged and paid to stop and aid motorists in need of help on the roadside.

Bigus admits "most of the trucking industry has a bad reputation on the road right now," but adds, "the guy behind the wheel of a tractor-trailer is probably more safety conscious than the guy in a car. Does the average driver know what it means to cut off a tractor-trailer? We can't stop on a dime." He contends that with a better driver attitude – general respect, courtesy and common sense – "there should be no problems."

"A person with a good driving attitude is a good defensive driver," claims Blake Williams, director of safety and training at Travelways Ltd. in Markham. He agrees with the experts that the main cause of accidents is driver

error, usually distraction or carelessness, and says that because of increasing traffic density, "we are upping our safety standards every year." Among those standards are the demand for drivers with a higher class of license than is legally required to drive a highway coach, as well as driver-trainers in all divisions of Travelways (which include more than 2,800 buses and some 3,000 drivers).

Fewer accidents

"The school bus and highway coach industry has, by far, the best safety record per miles driven of any form of commercial driving," says Williams. Strict legislative requirements, regular mechanical inspections and a full review of all accidents by a special accident committee in the company are some of the reasons he cites. And while he says their primary motive is to reduce personal injuries and death, Williams knows good safe-driving programs can substantially reduce costs as well. For example, "a bad driver will cost you two to three times more in vehicle abuse - riding clutches, grinding gears and labouring the engine," he explains.

A part-time school bus driver for Travelways and business agent for Local 307 of the Canadian Brotherhood of Railway, Transport and General Work-

ers, Marilynne Pitcher says that, with increased regulation of the school bus industry, "you have to be a good driver to drive a school bus." While she says new buses have been constructed for greater safety of the children riding in them, "companies are not building buses with the driver in mind," she contends, citing things like the positioning of mirrors and the height of the back of the driver's seat.

Pitcher's fear is not for the safety of her young passengers while on the bus, but for their safety upon leaving the bus to cross the street. "A lot of times, cars don't stop for our flashing lights," she states, adding taxis, buses and police cars to her list of periodic culprits. "Losing one of those children would be like losing one of my own."

"There are so many people on the road who are willing to take chances it scares me," confides Gordon Martin, a school bus driver at Humber College of Applied Arts and Technology in the Toronto suburb of Etobicoke, and the winner of the Ontario Safety League's Safe Driver Award for 35 years without an accident. "I don't feel safe on the road anymore." Martin, 55, has been driving trucks and buses since he was 19, and says the key to his long safe-driving record has been driving defensively, to which end he has taken courses in defensive driving. "You must always look out

for the other person and sense what he or she may do," he explains.

Don McLean, superintendent of outside services at Humber College, trained more than 1,000 instructors in defensive driving during his years in the Armed Forces, and says all drivers need such a course at least every five years. Part of the defensive driving approach, explains McLean, is being able to look at an accident situation and ask oneself the question, "could I have avoided it, even if the accident was the other person's fault?" McLean instills these principles in his drivers at Humber College (who each log about 200 miles a day driving school buses and vans), and says they have not been involved in a preventable accident for the past nine years. He attributes their safe-driving record to a good vehicle maintenance program and driver education.

Defensive driving

At the Toronto Transit Commission (TTC), with some 2,000 surface transit vehicles and more than 3,500 drivers, "defensive driving has paid off," says Eoin Macdonald, safety co-ordinator in the safety and security department. Macdonald proudly refers to the fact that the TTC has received the American Public Transit Association's Silver Safety Award for passenger and traffic safety (for North American cities of one million or more people) 11 times in the last 14 years. "That means that, per million miles operated, we're operating with the least number of accidents," he explains. "We average less than one accident per driver per year, including any incident in which our vehicles are touched and reported," says Macdonald of the TTC, which transported 392 million people in 1981, and logged approximately 65 million miles in surface transit alone. "And our accident rate is going down constantly every year."

Driver incentives

Among the elements of the TTC's driving safety program are an initial 21 to 28 days of defensive driving training, plus a one-year probation period for all drivers. Incentive programs, such as zero injury contests and other in-house awards, "never stop people from having accidents, but they sure make them aware of safety," claims Macdonald. "If you're made to feel like you're number one, you'll drive like number one." In addition to the improved safety record and good morale such measures



Junior operators-in-training at the Toronto Transit Commission react to various traffic situations at the instrument panel of a mock-up streetcar, as signalled by an inspector.

promote, Macdonald admits there are "definitely dollar savings as well."

Good business

At United Parcel Service Canada Ltd. (UPS) in Mississauga, a package delivery service with 250 drivers (of vans and trucks) across the province, district personnel manager Larry Jakubik sums it up this way: "You can't have a good, efficient, profit-oriented company if your vehicles are constantly in accidents and your drivers are hurt. In a good business, there's no place for an accident." To this end, UPS, a relatively new service in Ontario, has an extensive safety program which, in 1981, allowed the company to maintain the same safety record as in 1980, despite the near doubling of their driver work force, says company president Glenn Smith. In 1980, for example, UPS was involved in approximately one accident (of at least \$2,000 damage and/or injury) per million miles of driving, for a total of 6.7 million miles, he says. As Smith explains it, that is "the equivalent of driving 20,000 miles a year for 50 years before a road mishap occurs."

Like other companies, UPS places new drivers in a lengthy training program, and all drivers receive weekly group instruction in safety. Driving awards, including a safe winter driving program, are part of the safety package, as are special courses in defensive driving. "The driver must know how to drive safely...and he must be motivated to apply that knowledge unfailingly," says Smith. "No matter what assets you devote to a safety program...it is never as costly as accidents."

Penalty charges

A penalty fee of \$100 or more is charged to sales and service people at 3M Canada Inc. who cause damage to a company car in a preventable accident, explains Greg Kelly, supervisor of general insurance at 3M's London head office. In conjunction with mandatory defensive driving courses, which are also offered to the families of 3M employees, "we have noticed that accident frequency is down considerably," says Kelly. A heavy emphasis on defensive driving is probably the biggest reason for the decrease in accidents, Kelly attributes, at the same time admitting, "people don't like to spend \$100 either." Whatever the cause, "we just feel it's more



Labatt's driver John Lefort stops to assist a motorist with car trouble - part of Labatt's courtesy-stop program.

important to have our people around and healthy than not."

"Everyone always thinks motor vehicle accidents are something that's not going to happen to themselves, but to someone else," says Jack Scott, driver programs co-ordinator in the health and safety division of Ontario Hydro in Toronto. "But with human behaviour the way it is, you can never know what to expect." To this end, Ontario Hydro's preventive measures include defensive driving courses, specialized training for people driving large vehicles, driver testing and vision screening. "Two-thirds of Hydro employees drive on the job from time to time," says Scott (there are more than 5,000 Hydro vehicles) most of them service and office staff,

very few of them professional drivers. "Our people often have to be out driving and working to preserve power transmission in weather that keeps everyone else at home," he adds.

"I think we should all have exposure to this kind of thing," states Scott of the driving program available to Hydro employees. "Unfortunately, it's pretty hard to ensure people will use what information they know or learn. We know our drivers have that information, but we haven't the resources to police them." Ontario Hydro's accident rate is low, he says (in 1980, two preventable accidents for every one million kilometers driven), but "I refuse to boast about it. When accidents are down to zero, you know you have done your job." ❄

Appeal can overturn adverse decision

When the provinces disagreed with the federal government's stand on Canada's constitution last fall, they eventually took their case to the Supreme Court of Canada. They were exercising a right every Canadian has—the right to appeal to a higher authority. That right to appeal is recognized at the Workmen's Compensation Board in a two-level appeals system.

The Workmen's Compensation Board was created to bypass the lengthy and expensive legal action which could result from an injury in the workplace—but the people who created the WCB were careful to preserve the individual's right to appeal to a higher authority. So, although WCB decisions are not subject to review in common law courts, anyone who feels his or her interests are adversely affected by a Board decision can appeal through a two-level appeals system. The appeals system, organizationally separate from all other WCB operations, is comprised of appeals adjudicators and an appeal board. The appeal board, a tribunal of three WCB commissioners, is the second and ultimate level in the appeals system.

There were about 3,600 appeal hearings in 1981, a relatively small number considering the more than 415,000 claims the WCB handled last year. And those 3,600 appeals didn't all come from claims received by the WCB last year. Because there is no time limit on filing an appeal, appeals heard in any year can be from claims which are many years old.

Some examples of people who may appeal are:

- an injured worker whose claim has been rejected
- a worker who disagrees with the terms of an award
- a widow whose claim for dependency benefits has been disallowed
- an employer who disagrees with the decision on an employee's claim

- an employer who disagrees with assessment ratings or with a penalty imposed for failure to comply with The Workmen's Compensation Act
- a doctor who disagrees with the medical fees paid by the WCB for treating an injured worker
- an injured worker who disagrees with the entitlement granted for vocational rehabilitation services.

The relatively small number of appeals considered by the appeals system is a reflection of the examination process that goes into action when the WCB receives a claim for accident compensation. The claims adjudicator is the first WCB employee to examine accident claim documents with a view to determining if the accident is eligible for compensation benefits under The Workmen's Compensation Act. Those benefits may range from paying an injured worker for medical treatment, and/or a short time lost from work, to a permanent disability award, including extensive vocational rehabilitative services.

Examination process

The adjudication process can be very complicated. The claims adjudicator examines reports to determine if the injury arises out of and in the course of employment or if there is entitlement for a subsequent episode. For example, the WCB pays a worker benefits for time off work after he slips and strains his back lifting a heavy box. Six months later the worker tells the WCB his leg is bothering him as a result of the back strain, and he is again off work. After enquiring of the employer, the worker's doctor and the worker, a claims adjudicator would likely consult a Board doctor and a senior member of claims staff to help form an opinion on the relationship between the leg pain and the back injury. The alleged

recurrence could be rejected if there is no connection between the new pain and the original compensable condition.

An adjudication decision may recommend limited entitlement to compensation. For example, where an injured worker is off work for three months, medical evidence may limit compensation benefits to two months. If the adjudication decision denies or limits an injured worker's claim for compensation, the worker's claim file will be referred to the Claims Review Branch.

Adverse decision

The Claims Review Branch consists of senior staff members with many years' adjudication experience who check every adverse decision to ensure the recommendations of the adjudication decision are correct according to The Workmen's Compensation Act and Board policy. A Review Branch member looks at all the evidence in the decision and the written reasons and policy references for denial or limitation, and then either: agrees with the decision; disagrees with the decision and reverses it; or refers the claim back to the claims adjudication branch for further action. If the claim is referred back, action requested or required may include a complete field investigation if one has not been carried out, questioning of witnesses to the accident or requesting more medical information from the injured worker's doctor. If the Review Branch upholds the adjudicator's decision, a letter is mailed to the injured worker by a member of the Review Branch. The letter includes a brief synopsis of the facts, a reason for the negative decision and a pamphlet describing the appeals process.

The claim is now "a disputable issue." Upon receipt of a written decision from the Review Branch, the party affected by the adverse decision, or an authorized representative, can obtain a copy of the claim file from the Registrar

of Appeals. Copies can be checked against originals for accuracy provided an appointment to do so is made with the Registrar of Appeals. In rare cases, the WCB may send a medical report to an attending physician because it is deemed harmful to the injured worker. This information may relate to a terminal illness or debilitating psychiatric condition of which the injured person may be totally unaware. The WCB feels this kind of information is best revealed at the discretion of the injured worker's doctor. Employers have similar access to file information which affects their interests and they will receive information relevant to the issue in dispute.

Although the WCB asks that parties who appeal view their claim files, requesting a claim file doesn't launch an appeal. To appeal, a party should write to the:

Registrar of Appeals
Workmen's Compensation Board
2 Bloor Street East
Toronto, Ontario
M4W 3C3

When writing the registrar, the appellant – the person appealing – should give the claim or firm number and the decision being appealed. It is also helpful to include the reasons for appealing and any new information.

Counselling, interpreters

Free information and counselling services to claimants are offered at the WCB's head office in Toronto and area offices. Among other things, counsellors will: assist in preparing appeal letters; advise whether further evidence is required to support an appeal, and assist in getting it; and, explain any aspect of the appeals system. Interpreter services are available at appeals hearings as required. This service should be requested when submitting the appeal stating the language spoken.

Hearing representatives

The WCB provides the services of workers' advisers who are independent of the entire adjudication and appeals process and have complete freedom of action in representing the interests of the worker at appeals adjudicator or board hearings. These advisers also assist and advise employers on request but do not

represent them at hearings. Persons whose interests are affected by an appeal are entitled to be represented at a hearing by a representative of their choice at their own expense. If the first choice is an MPP, lawyer, union representative or someone else who may be unavailable at the last moment, the appellant is encouraged to have an alternate representative so the appeal may proceed. If a person living outside Ontario is unable to attend a hearing, he or she may have a workers' adviser or other representative present the appeal. Written authority must be given to the representative to proceed in the absence of the appellant. Reasonable expenses are paid to injured workers and their witnesses, if their testimony is heard, whether or not the appeal is successful. Expenses may include an allowable mileage for out-of-town residents or the full cost of public transit to and from the hearing within town. They may also include hotel accommodation up to a limit and a meal allowance. Expense claim forms are provided on attending a hearing.

Hearing trips

While most appeals are heard at the WCB head office in Toronto, appeals adjudicators and appeal boards travel to seven other cities: London, Ottawa, Sault Ste. Marie, Sudbury, Thunder Bay, Timmins and Windsor. Appeal boards make a hearing trip every two weeks, visiting each of the seven cities in sequence. Appeal boards will hear a case in the location nearest to the appellant or in Toronto, whichever provides the earlier hearing date.

When an appeal request is received by the WCB, an appeals adjudicator reviews the claim file and may then do one of the following:

- decide the appeal on the information available
- direct that a hearing be held before an appeals adjudicator
- refer the matter to an appeal board hearing.

The appellant can ask for a hearing before an appeal board if a hearing before an appeals adjudicator is recommended. Likewise, the appellant can request an appeals adjudicator hearing if an appeal board hearing has been recommended as a first alternative. Any decision of an appeals adjudicator hear-

ing may be appealed again to an appeal board for final hearing and decision. Before appearing before an appeal board, the appellant may request and review a transcript of the preceding appeals adjudicator hearing.

Similar format

Appeals adjudicator and appeal board hearings are similar. The appellant presents the case first. All parties may bring witnesses to give evidence, and written statements from witnesses are usually acceptable. Medical and hospital reports are also accepted as evidence so it is not necessary for doctors to appear as witnesses. Hearings are conducted with a minimum of formality and cross-examination of witnesses is not permitted. Evidence is given under oath. The person calling a witness will usually question the witness first and other parties may then ask questions. The appeals adjudicator or appeal board members may also question the witness. In addition to calling witnesses and introducing new evidence, reference may be made to information in the appellant's file and in the transcript of the appeals adjudicator hearing if there was one. Following the presentation of all evidence, all parties are given the opportunity to present their views of the case. If information presented in the appeals hearing is incomplete, the appeals adjudicator or the appeal board members may arrange for further investigation of the case before reaching a decision.

Appeals decisions are given in writing, and copies are mailed to all parties involved and their representatives.

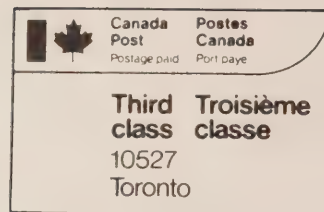
Although the decision of an appeal board may not be appealed, the WCB may reconsider any decision if it considers it advisable to do so. Requests for reconsideration should be addressed to the Registrar of Appeals and must include supporting reasons such as new evidence, an obvious error in the decision or questions of improper procedure or conduct.

Any questions about the appeal process should be directed to the Registrar of Appeals either in writing or by telephoning (416) 965-8926. Out-of-town residents should ask the operator for Zenith 61700 to avoid long-distance charges. ☒



Workmen's
Compensation
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2 Bloor Street East
Toronto, Ontario
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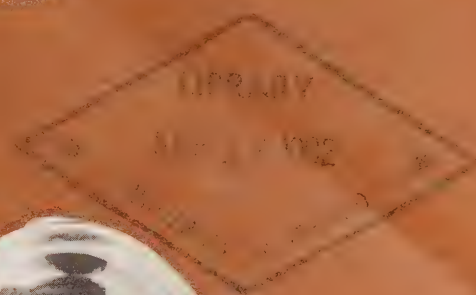
WCB Report



Workmen's
Compensation
Board

Summer 1982

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Safety on the rocks

Contents

Our cover story

4 Alcohol and work don't mix, despite the countless people who daily try to make them do so. Many companies across Ontario are now offering assistance to employees with a drinking problem – a problem that can cause serious accidents on the job and a host of other ills.

Accident prevention on the farm

8 During the busy summer season, farmers have even more cause to beware of safety hazards.

Rehabilitated workers back to work

10 The WCB's rehabilitation services provide support and guidance in helping injured workers get back to work.

WCB Report

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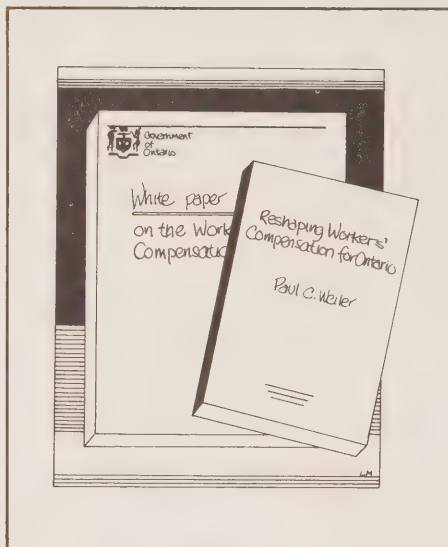
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SHORT TAKES

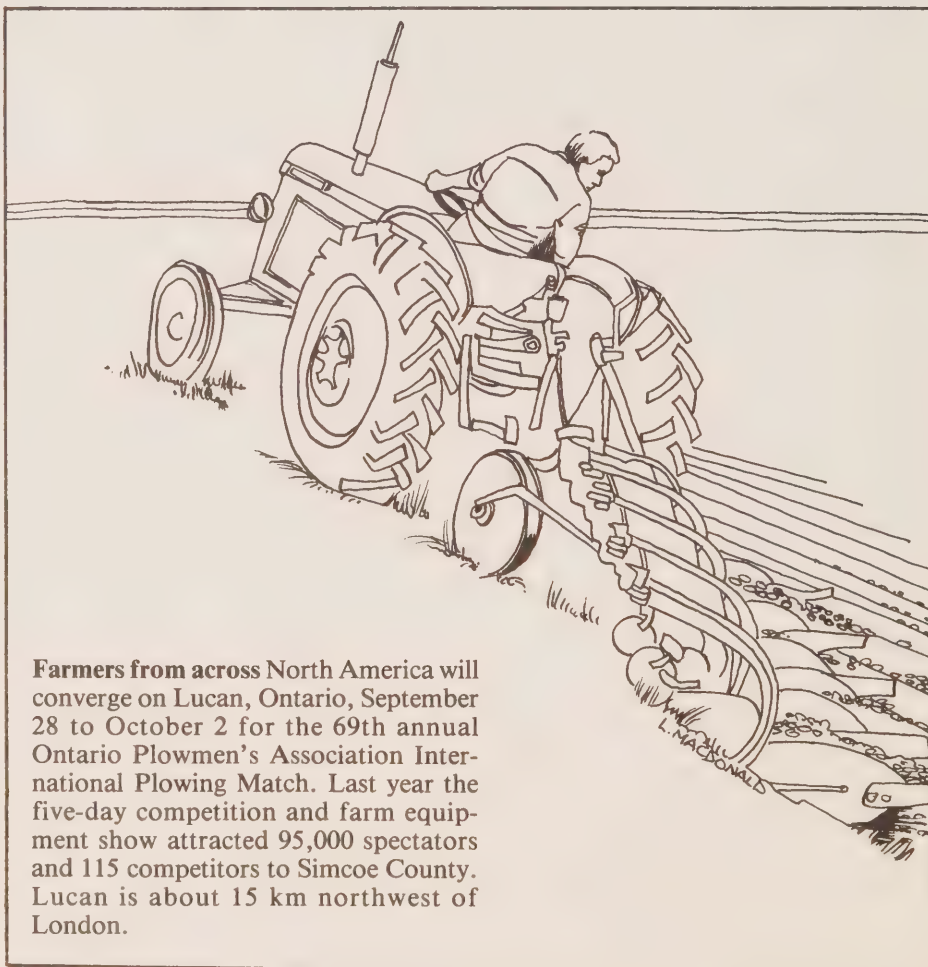
Review of White Paper

and Weiler Report



The provincial Standing Committee on Resources Development will review the White Paper on The Workers' Compensation Act and Professor Paul Weiler's report, Reshaping Workers' Compensation for Ontario, during September and into October if necessary. The three-party committee will be working towards recommendations expected to revise the existing Workmen's Compensation Act.

The White Paper and Weiler Report created considerable interest last year after then Minister of Labour, Dr. Robert Elgie, asked for public input. Minister of Labour Russell Ramsay reported recently that 75 briefs were received and there were 11 requests to make oral presentations, six of which have been heard. During early sessions in September, the committee will hear from public delegations in Toronto, Windsor, Thunder Bay and Sudbury.



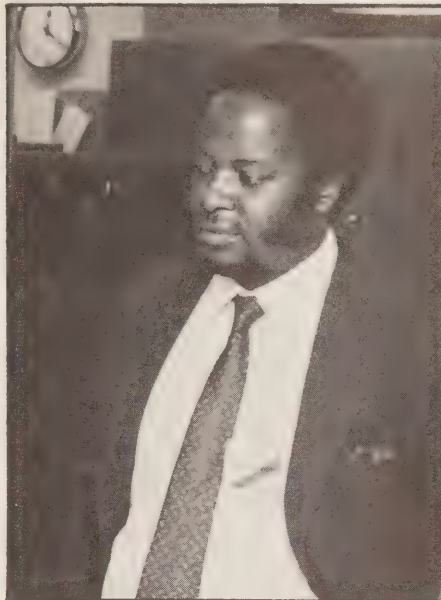
Farmers from across North America will converge on Lucan, Ontario, September 28 to October 2 for the 69th annual Ontario Plowmen's Association International Plowing Match. Last year the five-day competition and farm equipment show attracted 95,000 spectators and 115 competitors to Simcoe County. Lucan is about 15 km northwest of London.

African dignitary

visits WCB

A one-day visit to the WCB's head office in Toronto was part of a week-long stay in the city for Barne Masanzu, assistant secretary to Zimbabwe's Minister of Labour and Social Services. Masanzu, a representative of a 10-member delegation from the African nation, was in Canada to study this country's social organizations and policies.

After meeting with WCB Chairman Lincoln Alexander, Masanzu took a tour of the Board's records, computer and claims branches. Masanzu was also a guest of the Ministry of Labour and the Ministry of Community and Social Services during his week in Toronto.



1981 Annual Report highlights changes

The WCB released its 1981 Annual Report in July, proclaiming a year of "major and progressive changes."

Noteworthy changes, says WCB Chairman Lincoln Alexander in the report, include the implementation of full access by workers and their representatives to claim files, the completion of the first year of operation of the London and Sudbury regional offices, and the introduction to the Vocational Rehabilitation Division of a Job Opportunity Bank – a computer program designed to match injured workers' abilities and interests with suitable job opportunities.

"It was also a year in which the Board had the opportunity to reflect on important studies of our compensation system, including Professor Paul Weiler's report, Reshaping Workers' Compensation for Ontario, and the Ontario government's White Paper on the Workers' Compensation Act," says Alexander.

The annual report shows new accident claims reported were down to 415,044 last year, a decrease of 6.7 per cent from the 444,674 new claims in 1980. Benefit payments were up, however, to \$624 million, compared with \$531 million in 1980. That increase can be attributed in part to higher benefit levels legislated July 1, 1981, and to higher wage levels, on which compensation benefits are based.

Despite reductions in the workforce caused by the poor economic climate of

1981, the WCB more than held its own in getting injured workers back on the job, the report shows. WCB rehabilitation staff throughout the province were instrumental in rehabilitating 3,712 injured workers – up from the 3,414 workers rehabilitated in 1980.

The report also highlights the ongoing research of the Board's Medical Branch, including major research into the early identification of lumbar (low back) disabilities, the use of transcutaneous electrical nerve stimulators to control chronic pain, and biofeedback techniques for the control of back pain and migraine. As well, the branch is studying recurrent dislocation of the shoulder, multiple operations on the knee, the end results in the recovery process of amputees, and the rehabilitation success rate following cerebral vascular injuries associated with trauma.

Pledges Alexander, "Your Workmen's Compensation Board will face the challenges of the year ahead with confidence and will continue to provide equitable, individualized service to the working men and women of this province."

The 1981 Annual Report is available from the Communications Division, Workmen's Compensation Board, 2 Bloor Street East, Toronto, Ontario, M4W 3C3. Telephone (416) 965-8722.

Schedule 1 coverage

best option

"The collective liability provided under Schedule 1 of the Workmen's Compensation Act is the best option for covering your employees and yourselves from the effects of work-related accidents and disabilities," says Bob Reilly, executive director of the WCB's Financial Services Division.

Reilly was guest speaker at the 67th annual meeting of the Electrical Utilities Safety Association (EUSA) in Ottawa recently. EUSA, one of nine safety associations receiving grants from the WCB, promotes health and safety in the workplace among 635 members in the electrical utilities and communications fields.

Reilly outlined the difference between Schedule 1, Schedule 2 (in which employers are individually liable for their accident costs), and private insurance coverage. Membership in Schedule 1 is the best alternative for several reasons, he said. Costs are shared collectively among similar employers, rebates are possible for good accident records under an experience rating plan, an employer is sheltered from costs related to an employee's pre-existing condition when coupled with a new injury, and services are provided by safety associations at no extra charge.

WCB announces

1983 assessment rates

for employers

The Workmen's Compensation Board has announced its 1983 rate schedule for employer assessments. The new rates represent a 12 per cent increase over 1982 rates, the estimated average rate for 1983 being \$1.98.

Employers pay annual assessments to the WCB based on a set rate per \$100 of assessable payroll, up to maximum earnings of \$22,200 per employee in 1983. These payments are used to finance the services and benefits provided under the Ontario Workmen's Compensation Act.



Accidents on tap: Drinking on the job

by Boyd Neil

Three or four beers with the boys over lunch, a couple of shots in the afternoon coffee with the girls, and the three martini lunch seem innocent enough pleasures.

But alcohol consumption can cause accidents. More and more Ontario firms and labour unions are recognizing the misuse of alcohol, and alcoholism in particular, as significant factors in work-related accidents. In a recent study conducted for the Addiction Research Foundation (ARF) in Toronto, the study's author Martin Shain points to the popular belief that "alcoholics have anywhere between two and three times the accident rate of other employees."

Underestimate problem

This estimate doesn't go far enough, he adds, because "it is well established that the identification of alcoholics by supervisors and managers occurs in considerably fewer cases than the condition itself." He concludes that if account is taken of the fact that alcoholics go to great lengths to cover up their addiction, they can probably be implicated in far more accidents than are detected at present. And diagnosed alcoholics are only part of a problem which embraces many forms of alcohol misuse in the workplace.

Chances are that alcohol-related accidents are more severe as well. As Shain says, we are too ready to assume "that the average severity of alcohol-related accidents is the same as the average se-

verity of all other accidents combined." For example, the number of work-related accidental deaths which can be attributed to the misuse of alcohol is, for obvious reasons, difficult to substantiate; but it is well documented that impaired drivers are a major cause of accidental road deaths.

Employers lose \$millions

Make no mistake - alcoholism alone costs Canadian employers 250 million dollars a year in various adverse cost factors ranging from absenteeism to lost-time injuries. Estimates of the number of alcoholics in the workforce (including everyone from general labourers to senior management) range between 10 and 12 per cent, and this does not take into account heavy drinkers.

At Ford Glass (formerly Pilkington Glass) in Toronto, which since 1974 has run a successful program to assist alcoholics, program co-ordinator Mike Kyne says the total savings from their program in 1979, which that year cost the company approximately \$34,000, was about \$172,000. This figure was arrived at by assuming "the average addicted person is costing his employer 25 per cent of his annual wage or salary" in sick pay, lateness, work inefficiency, product damage and, of course, compensable accidents. A study of the alcohol treatment program at General Motors of Canada Ltd. in Oshawa, conducted by ARF, revealed that the program saved the company \$81,000 in

accident benefits and reduced absenteeism in two years.

As anyone who has had a few too many at a weekend barbecue knows, one's ability to drive a car or even play a pick-up game of baseball decreases in proportion to the number of beers chugged. And the next day's hangover can make cutting the grass or washing the car just as uncertain and clumsy.

Extend that experience to the workplace and it should come as no surprise that a worker's ability to drive a tow motor, operate a punch press, lift boxes or make any decision may be severely impaired if he or she has started the day with a few shots of whiskey. John Buchanan, co-program co-ordinator at Ford Glass and a rehabilitated alcoholic, remembers being under the influence of alcohol at work and "taking a lot of chances."

Alcohol has a sedative effect on reaction time, can hamper eye-hand coordination and encourage disruptive and irresponsible behaviour with fellow workers on whom one's safety may depend. Even the infamous hangover - during which alcohol in the bloodstream causes the body to speed up and overreact to stimuli like noise and light - can lead to the misjudgement of distance and speed, and poor balance.

Creates resentment

Says Buchanan, "Alcoholics have poor judgement and lack concentration but, even more important, others have

to do their work for them, which creates resentment and thus an unhappy workforce – unhappy workers are careless.”

What it comes down to, in Shain's words, is that safety depends “upon the ability of workers to predict how their own bodies, and those of their fellows, will respond in given situations. Take away that predictability and potentially hazardous situations arise.”

Detection at work

As much as an alcoholic may be an intolerable burden for his or her family, and may have friends covering up the addiction while at work, it is in the workplace that the problem may be most easily detected. A worker's supervisor monitors his or her performance and safety awareness and it is often in

others.” An alcoholic's employer has the coercive power, which a distraught family does not, to say ‘shape up or ship out’.

For many years, companies simply chose to either ignore and cover up the alcoholic's problem or to terminate employment – neither particularly efficient considering the great deal of time and energy spent on the worker's training and advancement in the company. Within the last seven or eight years, however, many companies have successfully experimented with various employee referral programs. In fact, according to Murdoch, between 300 and 350 firms in Ontario now offer some form of assistance to alcoholics.

Assistance programs

David Wright of the Family Service Association's employee assistance division, which maintains contracts with 11 Toronto companies, says “Alcoholism has been a contributing reason for setting up assistance programs in all the companies that approached us, and in 25 per cent of cases, it was the primary reason.” What these programs provide is a method by which an alcoholic or problem drinker can seek professional help with the company's encouragement, in confidentiality and without fear of losing his or her job.

Wright sees four main phases in the recovery of the alcoholic worker. The first, of course, is identifying that there is a serious problem with a worker's performance on the job. This largely rests with the supervisor, who can judge a worker's performance over a period of time (but should not attempt to diagnose the root of the problem) and who has



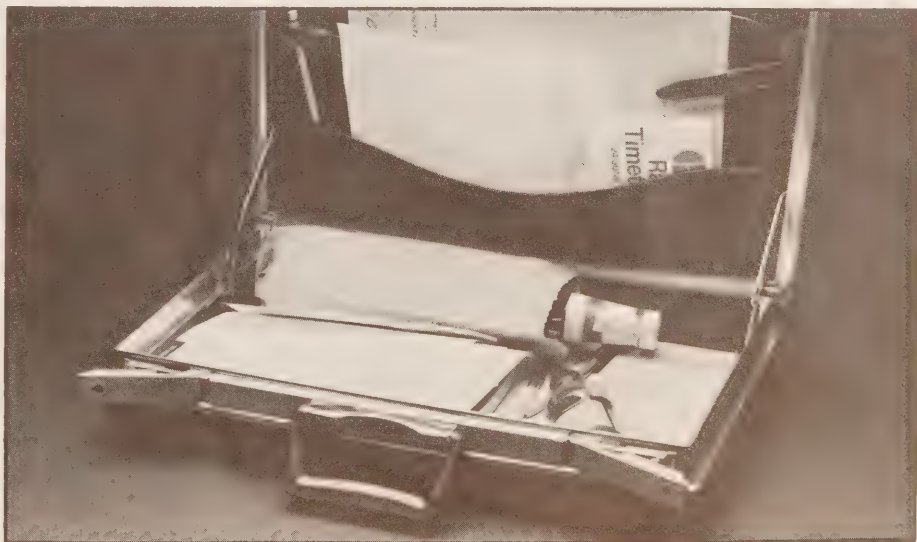
Hazardous situations

“Hazardous situations” could be anything from the impaired judgement that leads a worker to ignore plant safety procedures to a machine operator's timing being off by a fraction – both of which could be costly mistakes in more ways than one. The Ontario government's Burkett Commission Report into Safety in Mines and Mining Plants in Ontario points out that “professional pilots manifested deficiencies in their performance reactions up to 34 hours after ingestion of alcohol.” The study continues, “This finding is of special interest in view of the fact that miners who operate heavy equipment in confined spaces require unimpaired sensory functions.”

All workers require “unimpaired sensory functions” to do a job well and with due respect for safety. Heavy drinking can make a person unfit for work on any given day. But of greatest concern are alcoholics, people whose drinking causes social and health problems and consistently interferes with good safety habits at work. The addiction is degenerative and its effects touch all aspects of an alcoholic's life, both in and out of the workplace.

altered work habits that a worker's problem may first manifest itself.

Intervention by the employer is warranted, says Paul Murdoch, secretary of the Council of Safety Associations (which for the past six years has conducted seminars throughout Ontario on alcohol misuse in the workplace), when it is clear something is causing a worker “to not work properly, to create safety hazards and to disrupt the work of



"leverage to suggest that a worker seek help because his or her work is deteriorating," says Dr. Herb Koplowitz of ARF. "There is only a five per cent chance that an alcoholic will search for assistance independently."

Phase two involves the worker visiting a trained counsellor or social worker, either voluntarily or through a referral from the company. The counsellor should have little difficulty in discovering that the root of poor work performance is a severe drinking problem.

Treatment centre

Depending on the worker's willingness, a stay in a treatment centre may be necessary. There, the alcoholic spends up to a month, first "drying out", then going through behavioural and psychological counselling at a cost of about \$800 – a cost which is often borne by the concerned employer. "Usually, when an employee goes for a 28-day treatment," says Buchanan, "he or she readily tells the medical unit, foremen and supervisors at work." But in cases where the alcoholic does not want the company to have any knowledge of his or her addiction, a family doctor's authorization for a month's hospitalization is not difficult to obtain.

Phase three is the crucial follow-up stage in which the onus falls on the individual to resolve whatever has occasioned the addiction. With the help of a counsellor, the alcoholic tackles problems which may range from job stress to marital and financial worries.

In phase four, which may last between two and five years – it takes that long for an alcoholic to be considered free of the addiction (although he or she will always remain an alcoholic) – the worker is encouraged to check in with his or her counsellor so that progress can be monitored. This may also be the most difficult stage for the worker because the temptation to have just one drink, and chance falling off the wagon, is always there. The worker's family must be both stern about his or her staying sober and encouraging as well.

Volunteer committee

At the Toronto Transit Commission, the responsibility for monitoring an alcoholic's progress has been assumed by a volunteer committee of rehabilitated alcoholics (10 at present), who act as 'buddies' for alcoholics returning to work after a stay in a treatment centre. Says Wright, "They've taken personal

vows of sobriety and have a commitment to help the next guy."

The success of these assistance programs in rehabilitating alcoholics is evidenced in the experience of Kyne and Buchanan at Ford Glass. Because of the company's financial problems in 1980, they were asked to review the program's operations, with particular attention to a cost-benefit analysis (as a result, the program is still running). Among other things, their report concluded: "Our safety record...has been remarkably successful over recent years, thanks largely to the efforts of our safety superintendent and his assistants. However, the diminishing use and abuse of alcohol must have contributed to this improvement quite considerably."

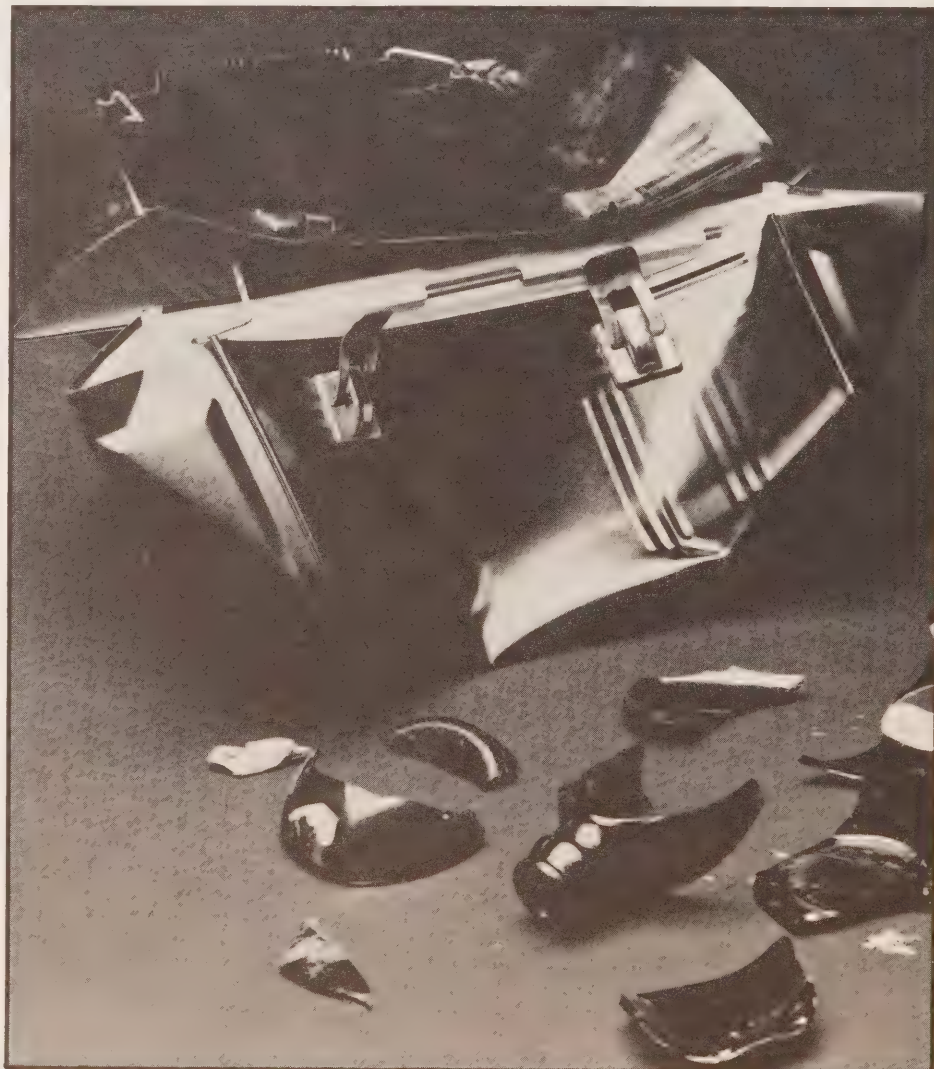
Research needed

Most experts believe that further investigation into the relationship between alcoholics and accidents is needed.

Shain says this study should be expanded to cover other types of alcohol consumption, including "very heavy drinking, leading to toxic after-effects and, in turn, unpredictable behaviour."

For the time being, many Ontario firms and labour unions recognize the high cost – to production and to individuals – of alcohol-induced accidents and, through assistance programs, have begun to do something about it.

At the same time, it is important that both labour and management in *all* Ontario industries participate in a program to educate workers, supervisors and themselves in the safety problems caused by alcohol misuse. The program should do away with myths about alcohol and replace misinformation with facts, to help supervisors and friends of a problem drinker know at what point they should intervene, and to encourage this intervention when appropriate – not to cover up alcohol misuse in the workplace. ☒



Features of a successful employee assistance program

Reprinted from course notes for the Council of Safety Associations' seminars on alcohol and drug abuse in the workplace.

Successful programs require three principle factors. Each of these factors is equally important. They are –

1. Improved labour/management approach to the alcohol issue.
2. Education of key people.
3. Provision of appropriate treatment.

An Improved Labour/Management Approach

The term “improved labour/management approach” does not suggest that either labour or management surrender any traditional responsibility or right.

Above all, both sides need to recognize that to a very large extent the progressive worsening of the misuser's condition is the result of the well-intentioned but inappropriate reaction of management and labour representatives throughout the whole organization.

It is especially important, also, for management and labour executives to be fully aware that the program is not simply a medical or a treatment process. They must understand that they cannot simply wait for a doctor or a counsellor or a treatment agency to solve all their problems for them.

The labour/management policy calls for four steps. They are –

1. Recognition of the problem.
2. Referral of the affected person for treatment.
3. Treatment of the affected person.
4. Follow-up of treatment.

Steps 1, 2 and 4 all call for action which needs to be carried out in the workplace by management/labour people. Step 3 (Treatment) will be successful in proportion to how promptly and effectively the other steps are followed. Active and continuing management/labour participation is of the greatest importance to the success of the program.

Education of Key People

The education process will be directed toward four main groups of significant people and will have four main thrusts. They are –

1. To motivate senior management and labour people to prepare and support the policy and program.
2. To motivate and instruct the responsible people in the workplace to perform the actions called for by the policy, with particular respect to supervisors and stewards.
3. To motivate the affected employee to accept and cooperate with treatment.
4. To motivate other people in the community to cooperate in the implementation of the program (treatment agencies, families, A.A., hospitals, et cetera).

Education then is central to the whole program. It will need to be exactly prepared and finely focused to the interests of the group being addressed.

Provision for Treatment

It is usual, even in large companies who have complete medical staffs, to refer the alcohol dependent employee to a treatment agency outside the company.

Before a policy is even introduced, arrangements should be made for adequate and appropriate treatment or care.

In most communities, treatment capability is more available than many people realize. But it is necessary before making any referrals from the company that the agency or individual who is going to perform the treatment be completely informed as to the terms and conditions under which the patient is referred.

It is necessary also, and again before referrals are made, to set up a simple dependable communication between the company and the treatment people. In this way mutual expectations and supports will be thoroughly understood.

This kind of understanding and communication goes a long way to make treatment successful and is particularly necessary during the long term follow-up after the employee returns to work.

Cultivating Farm Safety

Awareness

by Boyd Neil



The most convincing demonstration of the afternoon was the 'accident' pictured above. A mannequin lying in a hay field was pulled into a passing forage harvester – only small pieces came out the other end. It took little imagination to envision a child playing in a field of tall corn as the snapping rolls of a corn-picker approached.

A forage harvester is only one of hundreds of pieces of equipment which may pose a danger on a farm. Fully 25 per cent of all farm injuries recorded by the Farm Safety Association each year involve machinery like this. And these injuries are often the most debilitating.

Accidents with PTOs (power take-off units – which should be shut off whenever any adjustment is to be made), have claimed arms and legs. Lives have been lost because a guard on a piece of machinery was removed and never replaced. Safety awareness is essential when handling all farm machinery.



Representatives from newspapers, radio and television stations looked on as a life-like mannequin was literally destroyed by a forage harvester. The occasion was the Farm Safety Association's (FSA's) first press demonstration day in Elora on July 9 – designed to educate the media and, through them, the farming community to the safety hazards of farm work. The Farm Safety Association is one of nine province-wide associations funded by the Workmen's Compensation Board and devoted to safety education.

Throughout the afternoon, FSA consultants demonstrated this and five other key dangers associated with farming – from tool shed fires to tractor fatalities. By the end of the day, everyone who attended well understood how at least 40 people across Ontario died in farm accidents last year and how 2,573 injuries recorded by the Farm Safety Association kept farmers from their work (these figures do not represent WCB claims).

Most difficult to show, but no less serious than other safety concerns, is the impact of silo and manure gas, which together have killed at least 15 people in the province during the last 10 years. Both gases are, of course, invisible; but consultants were aided in their explanations by first-hand accounts from farmers who have suffered the effects of the two. Easier to demonstrate is the need for proper fire protection on farms – fire stations are often many miles away. As an FSA consultant put it, \$100 for a fire extinguisher is a small price to pay for saving lives and the cost of expensive machinery.

In addition to the two presentations shown on these pages, there was also an exposition on occupational hearing loss, which can result from continued exposure to noisy farm machinery. Hearing is a valuable aid to safety awareness and, like all the safety risks of farming, is of concern to the Farm Safety Association.

Both the Farm Safety Association and the Workmen's Compensation Board will be on hand at the Plowing Match in late September (in Lucan), with more information on farm safety.

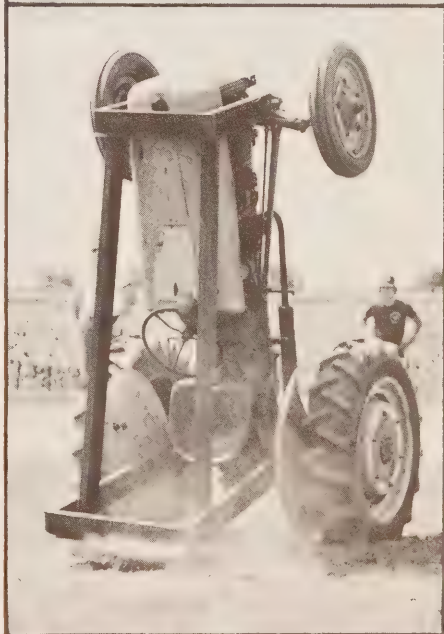
With close to 200,000 tractors on Ontario farms, it is not surprising that tractor accidents account for more fatalities than all other farm accidents combined. Since 1977, 162 people across the province have died as a result of tractor accidents, many of them because the tractor rolled over on top of them.

A tractor can roll over because it is turned too sharply while travelling at a high speed, because it is being driven on too steep an incline, or, as the sequence at left demonstrates, because a load has been hitched too high.

The Farm Safety Association recommends that all tractors be fitted with rollover protective structures (ROPS) – like roll bars, and seat belts, even if the most basic but sturdy type featured here.

MOST COMMON TYPES OF FARM ACCIDENTS IN 1981

Type of Accident	No. of Allowed Claims to WCB	Per cent of Allowed Claims to WCB
Struck by objects	619	22.7%
Overexertion	541	19.8
Falls from an elevation	338	12.4
Caught in, under, or between	320	11.7
Falls on the same level	208	7.6
Contact with noxious substances	81	3.0
Motor vehicle accidents	31	1.1
Other	592	21.7
TOTAL	2,730	100.0%



Photos courtesy of The Daily Mercury, Guelph

Rehabilitation for injured workers

Providing injured workers of the province with medical service and compensation payments, the Workmen's Compensation Board's job is not complete until those workers return to employment and a place in the community. To this end, vocational rehabilitation services at the Board aid injured workers who are in need of assistance in making the adjustments and efforts which will lead them back to the workforce.

During 1981, vocational rehabilitation staff in WCB offices across Ontario were instrumental in rehabilitating 3,712 injured workers, 3,104 of whom were returned to gainful employment. Workers who are eligible for this assistance have an established claim with the Board and a disability (occupational injury or disease) which prevents them from returning to their former job. Assistance is also available to workers exposed to certain hazardous work environments (radiation, asbestos, silica) which might eventually lead to a compensable disability – a preventive form of rehabilitation.

Rehabilitation services

Vocational rehabilitation services at the Board are paid for out of annual assessments on Schedule 1 employers of the province (and individually by Schedule 2 employers), who play an essential role in getting rehabilitated workers back to work. Since no two injured workers' needs are identical, a wide range of services are available, from several forms of counselling and worker evaluations to a variety of training programs and job searches.

Each injured worker who is eligible and ready for such assistance is contacted by a vocational rehabilitation counsellor assigned to personally handle his or her case. More than 6,000 workers across Ontario were referred for formal vocational rehabilitation services in 1981.

First step

The first step counsellors usually take on behalf of clients (workers) who are ready to return to work involves helping them contact their pre-injury employer, who will hopefully be able to offer the worker continued employment. While the worker's disability will normally pre-

vent returning to his or her former job either temporarily or permanently (sometimes the job or workplace can be modified for the worker), there is often lighter or different work available which he or she can do. In these cases, the employer already knows the individual, his or her work habits and skills, and is usually interested in trying to assist the injured employee. If no job is available, however, the vocational rehabilitation counsellor will help the client in finding a new job elsewhere.

Depending on the worker's situation, any of a number of specialists at the Board may also become involved, including a social worker or rehabilitation specialist (who concentrates on helping clients with such disabilities as quadriplegia, paraplegia). If the worker is having particular difficulty in finding a specific job, a placement specialist may assist in the search, while employment specialists visit employers in an effort to secure more job opportunities for injured workers. All of these individuals are highly-trained personnel in their respective fields, with a great deal of concern, patience and interest in helping those they serve.

Province-wide assistance

These specialists are available to injured workers province-wide through Board offices, and more than half of the approximately 270 vocational rehabilitation staff at the WCB are on the road to reach them. In fact, most counselling, when possible, is done in the client's own home, where he or she feels most comfortable and where the counsellor can gain a better understanding of his or her personal situation, family commitments and overall needs. Patients at the Board's Hospital and Rehabilitation Centre in Downsview (a suburb of Toronto) receive assistance, as required, from rehabilitation counsellors located at the Centre.

Aiding injured workers to become job-ready may involve helping them first adjust to their disability (whether temporary or permanent), then to assess their strengths and interests in order to help them determine the type of work they would be best suited for. The process can be brief or extended, depending

on the nature of disablement, the workers themselves and their previous experience in the workforce.

Personally-tailored program

In cooperation with the worker's family, physician, employer, union representative or other individuals (as required), the injured worker and counsellor together develop and follow a rehabilitation plan which will lead to the desired goal – be it the return to full-time employment or the ability to adapt to the new lifestyle a disability has necessitated. If severe disablement prevents the individual from taking on a job, he or she may learn to become self-sufficient in the home (or to acquire the assistance of social service agencies), explore other interests and lead an independent, satisfying life.

Counselling of several types, including supportive, social, financial, vocational and employment counselling, are available to make the adjustment easier. A variety of assessment tests can be arranged to help identify the worker's career interests and abilities, including the opportunity to try different jobs in a simulated work environment.

As appropriate, the Board may arrange for and sponsor training, academic or language courses if required to prepare the worker for a new career, and may pay out-of-town expenses if these courses take the individual away from home. If, because of the worker's disability, special devices are needed to do a particular job – hand or pedal controls in a car, tools, appliances – the Board may supply them. When a job is secured, necessary alterations to the workplace can also be arranged to accommodate the worker's special needs. If the individual will be working out of his or her home, adjustments may be made there as necessary.

Careful consideration is given when injured workers receiving permanent disability pensions request a commutation (either full or partial) of their pension. Rehabilitation counsellors in a special Commutations Section review the worker's case and his or her reasons for such a request to ensure the award of a lump sum payment (in place of a long-term pension) is made only when neces-

sary for purposes of rehabilitation (to purchase a car for employment purposes, to become self-employed in a business venture).

All adverse decisions made within the Vocational Rehabilitation Division are automatically reviewed by staff of a policy and review services group, who may either confirm, reverse or ask for additional information concerning the decision. Workers who wish to appeal that decision have further recourse to the Board's appeals system.

Job search

Vocational rehabilitation counsellors at the WCB prepare their clients for the job hunt by helping them to sharpen their job-search techniques (how and where to look for employment, how to prepare for interviews). While workers are encouraged to actively look for a job themselves, their counsellor will also get involved, and will follow up on the worker's progress once placed in a job to ensure everything is satisfactory.

Stressing the positive is how counsellors approach both the rehabilitated worker and potential employers. These workers have many benefits to offer, not only on the job but at home and in the community as well. The employer who hires a rehabilitated worker is getting a well-motivated, mature individual who has a lot to contribute. He or she has an employment history, was at work until injured, is skilled and may need no further training. Because of a disability, the individual may even be more motivated to prove him or herself capable of doing the job well.

Employer benefits

From a financial point of view, hiring a rehabilitated worker makes good sense as well. If an employer wishes to assess the worker's performance during a trial period first (usually four weeks), the WCB will pay his or her wages during that time, and at no obligation to the employer. If subsequent on-the-job training is required, the Board will help subsidize the worker's weekly income until training is completed and the worker reaches full employment status. These arrangements can be easily made with the signing of a single form by the employer. Should the worker happen to suffer an extension of his or her original disability through a minor accident, or has an accident during a division-spon-

sored on-the-job training program, full compensation costs would be charged to the Board's Second Injury and Enhancement Fund, not to the new employer.

Job Opportunity Bank

Employers across the province are encouraged to hire rehabilitated workers by division staff. Intensive employment campaigns (blitzes) are regularly conducted in selected cities in search of suitable job opportunities. Such employment opportunities are recorded in the division's new Job Opportunity Bank – a computer program designed to match suitable candidates (among rehabilitated workers) with available jobs in their own field of interest and ability. This system has proven beneficial to employers, rehabilitated workers and their counsellors alike – a useful tool in bringing workers and potential employ-

ers together. Where applicable, the Board may even help finance the relocation of a worker for a new job.

During 1981, a total of 4,498 job opportunities were secured by the Vocational Rehabilitation Division, a 26.3 per cent increase over the previous year despite difficult economic times. But while the WCB's success rate in rehabilitating and finding jobs for injured workers is high, it is never high enough. Not until every injured worker referred for vocational rehabilitation can be returned to suitable employment will our job be done. To this end, the co-operation of both injured workers and employers across Ontario can make the difference.

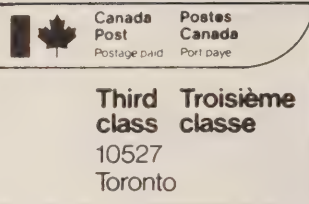
For further information concerning the WCB's vocational rehabilitation services, contact the WCB office nearest you (consult your local telephone directory for toll-free numbers). ☒





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WCB Report



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WCB Report

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SHORT TAKES

WCB hosts national conference



R.D. Reilly, executive director of the Board's Financial Services Division, conducts a financial session at the conference.

The Ontario Workmen's Compensation Board hosted the annual meeting of the Association of Workers' Compensation Boards of Canada in Toronto from September 19 to 22.

Lincoln Alexander, Chairman of the Ontario WCB and president of the association for the past year, launched the convention by introducing the Honourable Russell H. Ramsay, Minister of Labour for Ontario. In his welcoming speech to the 155 delegates from across Canada, the Minister reminded them of

the "magnitude" of their stewardship and their "collective responsibility."

It was a theme echoed throughout the week, as delegates attended daily sessions on such matters as claims, vocational rehabilitation, systems, administration, financial and medical services.

Robert Jones, Chairman of the New Brunswick Board, was appointed president of the association for the upcoming year. Following the established pattern, next year's convention will be held in the president's home province.

New safety education program co-ordinator

Douglas F. Hamilton, whose term as a commissioner of appeals at the WCB expired in October, has accepted a two-year appointment to a new position at the Workmen's Compensation Board, as safety education program co-ordinator.

In his new position, he will review the current administrative and reporting relationships between the Board, the safety associations and the advisory council. He will also recommend, for Board approval, the future structure and the procedures and practices necessary to implement the Board's new

policy on safety education (taking into account the role of the Ontario government, the safety associations, employers, labour and other interested groups).

Hamilton joined the WCB as a commissioner of appeals in 1973. Prior to working at the Board, he served as secretary-treasurer of the Ontario Federation of Labour between 1957 and 1970. He was on the Board of Directors of the Canadian National Exhibition from 1961 to 1967 and, during the same period, was a commissioner of the Toronto Transit Commission.

Audia appointed head of safety education



Mary J. Audia has been appointed executive director of the WCB's Safety Education Division, which is responsible for safety education in Ontario workplaces and involves working with the province's nine safety associations.

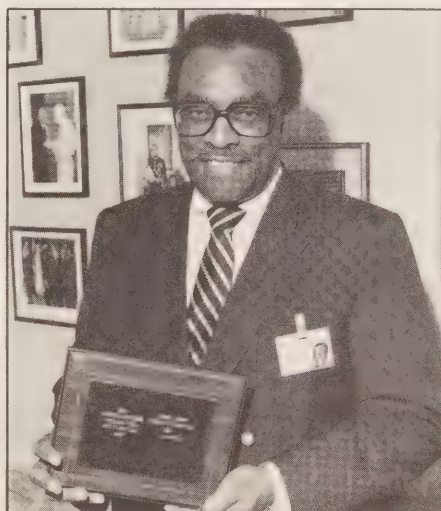
Audia joined the Board in 1970 after working for two years with the Construction Safety Association of Ontario. For the past 12 years, she has worked with the Safety Education Division in various capacities, and became acting chairman of the Council of Safety Associations in January 1981. The following July she was appointed acting executive director of the division.

Audia says she is looking forward to the challenge, "especially in pursuing a more active role in the field of occupational health and safety."

Man of the Year

WCB Chairman Lincoln Alexander was named "Man of the Year, 1982" by the Ethnic Press Council of Canada at the annual Ethnic Press of Canada Festival in Toronto.

In presenting the award to Alexander, Dr. Mario Caligiure Varano, president of the Ethnic Press Council, thanked him for his aid "in the development of a humanitarian atmosphere between the ethnic communities and the Workmen's Compensation Board. He is concerned about the small communities and dedicated to his work as Chairman of the Board."



Communicating accident prevention to communicators

"If the total amount paid out each year by all of the compensation boards in Canada were somehow listed in the *Financial Post's* top 500, then the figurative corporation would occupy 48th place."

That sobering fact was how L.R. Cameron of the WCB's Communications Division began his address on communicating accident prevention in the workplace to the Industrial Communications Council's annual meeting in Toronto.

Cameron, who was invited to speak to the gathering of North American corporate communications representatives, said that a major key to communicating

a spirit of accident prevention is in fostering the appropriate attitude.

Citing Ontario's Occupational Health and Safety Act as encouraging a sense of accident prevention in general, Cameron noted that, while the Act requires the creation of management and non-management health and safety committees, no one should believe that significant improvement in accident prevention can be achieved through legislation alone.

"As management and non-management participate in these committees, they find that the desire to reach their safety goals can be best met with each other's help."

Farmers meet at Match



The person selling rubber boots outside the entrance gates had a fine day. The occasion was the opening of the annual International Plowing Match and Farm Machinery Show, held this year in Lucan, Ontario (near London) from September 28 to October 2. As Anne Murphy reported in *The London Free Press*, "After days of rain, the skies were mostly sunny and the ground mostly soupy during Tuesday's opening of the five-day agricultural extravaganza."

It didn't dampen the spirits of the federal and Ontario Ministers of Agriculture, Eugene Whelan and Dennis Timbrell, nor of Canadian Consul-General to New York, Ken Taylor (better known for his heroism in Iran), who were on hand for the opening ceremonies. Neither did it bother the close to 100,000 people who attended the five days of events; including those who visited the Workmen's Compensation Board/Farm Safety Association exhibit for information on the Board and farm safety.

The Match featured antique farm equipment displays and new farm machinery exhibits and, of course, a variety of plowing competitions. The new Canadian champion, Ken Ferguson of Stouffville and runner-up Bob Brown of Ayr will now represent Canada in the international plowing competition in Zimbabwe.



Joint health and safety committees: are they working?

"We believe they're working," says Cliff Basken, special advisor, industrial relations, for the Occupational Health and Safety Division of the Ontario Ministry of Labour. "Most companies have committees, they're functioning, but whether they're effective in reducing accidents is something else."

"In practice there are all shades of grey," says Dilys Robertson, project and program development co-ordinator with the Industrial Accident Prevention Association (IAPA). "I don't think one can take a doctrinaire view of what makes a good committee, because it must be a good committee for the kind of environment in which it operates. The best assumption you can make is that some committees work better than others, but we don't know why this is so."

The Occupational Health and Safety Act, 1978, went into effect in Ontario on October 1, 1979. It requires, among other things, that employers with more than 20 employees establish joint health and safety committees of at least two people, and that at least half the committee members must represent workers rather than management. Basic functions of the committees include workplace inspections, accident investigations and investigations of refusal-to-work situations.

Committee projects

Health and safety committees across Ontario are working on a great variety of projects: revamped safety procedures, housekeeping procedures, health care, driver training, improved personal protective equipment, hearing conservation programs and a host of other subjects, in addition to their legislated responsibilities.

Joint responsibility: Health and safety committees

by Carol Beatty

The Ministry of Labour estimates that 98 per cent of companies in Ontario's industrial sector that are required to have committees actually have them, probably 99.9 per cent in unionized workplaces. However, Basken suspects that many companies are content with going through the motions – meeting the letter but not the spirit of the law, rather than developing a joint health and safety program that will improve worker-management relations and prevent accidents.

The Ministry has wanted to do a research study on the functioning and effects of committees for some time, says Basken, but the problem is basically one of limited resources and the large number of workplaces in the province – there are estimated to be 100,000 in the industrial sector, not all of which are required to have committees. The lack of available research on the subject may also be attributed to the brief amount of time that legislation requiring these committees has been in force.

Management attitude

Discussions with employees of manufacturing companies in southern Ontario revealed as many different committee styles as companies, ranging from confrontation to confusion to excellent co-operation. The consensus, however, seems to be that management attitude plays a critical role: where there is a sincere effort on the part of management to make a committee work, it will.

Translating management and worker attitudes into committee success involves two key factors, according to Basken. First, management must have a clear, positive health and safety policy, which is communicated well and is understood by employees, and second, education and training must be made available to all employees as needed.

The Act is based on the principle that employers and workers must share responsibility for occupational health and safety and must both actively seek to identify hazards and develop ways to protect workers. This joint or internal responsibility system requires communication and co-operation between work-

ers and employers.

For companies in which there had been an adversarial relationship between union and management, a radical change in philosophy and approach was required, each side having to realize that it was to their mutual advantage to work together co-operatively.

Voicing opinions

Even if the previous relationship had been relatively smooth, many committee members had no previous experience in attending meetings and in formal committee structure. "Some of them don't know how to voice their opinions," says Jan Logan, manager, health and safety engineering at Bell-Northern Research in Ottawa. "I tend to find that you get a powerful person who either volunteers as leader or somehow ends up in that position, and equal participation and co-operation between committee members can suffer."

The group process is critical to committee success because the committee can only recommend solutions to management – it has no power to act on them. Basken sees the need for a committee to be properly trained to work together, so that it speaks as one voice. Effectiveness depends to a large extent on constructive committee solutions and management willingness to implement them. The only authority comes through Ministry of Labour inspections and prosecutions, and the inspector's power is based on contraventions of the law.

Education of committee members in their role and in the importance of participation and co-operation is a priority for many companies. Barry Cooper, personnel manager at Federal Pioneer Limited in Bramalea, says his main project right now is "to educate supervisors and safety committee members so that each knows what to expect from the other. Then the safety committee and the supervisors will sit down and write a whole new set of safety rules for the plant."

The need for this kind of training is ongoing, as committee members change

through job turnover, company reorganization or a company policy of rotating workers on the committee, sometimes annually. Unfortunately, however, company training budgets have suffered in our current economic climate. And economic concerns can have an effect on committee attitudes as well. "It's kind of hard to get people enthused about safety when they're worried about their jobs," agrees Leo Joki, safety officer with United Co-ops of Ontario in Mississauga.

Hazard detection

Education is also needed, nonetheless, in recognizing hazardous situations, because of the committee's role in workplace inspections. Situations can arise in which something is interpreted as a hazard which isn't, and the reverse is equally true. Rob Strang, safety engineer at Honeywell Limited in Scarborough, faced such a situation and says, "It was a case of somebody not being familiar with an area, and yet they're supposed to inspect it and make decisions. We discussed it at our committee meeting and we worked it out."

An area of particular concern to all is the health and safety committee's comparatively new role as consultant in assessment programs for designated substances. The Act provides for control of toxic substances in the workplace by "designating" them and issuing regulations regarding such things as exposure limits, record-keeping, controls and health monitoring. (Regulations have so far been issued on asbestos, lead, mercury, vinyl chloride and coke oven emissions, with new regulations expected soon on noise, isocyanates and silica.)

"As soon as you get into designated substances, it's very difficult for people to have a meaningful role in what is a very complex field, one in which the answers are not necessarily obvious or clear-cut, and where judgment is involved to a fair degree," says Robertson.

Education in toxic substances has been an area of concentration in union-sponsored training programs. "Labour has done an extensive job of training people in this area, but the same is not true of management," says Basken. "The result is that some of the labour committee members are more knowledgeable than management. This can create problems over disagreements about hazards or requests for information, for example."

Robertson agrees that more education

is needed in the area of toxic substances, but questions the feasibility of turning workers and supervisors into technical experts. "We should be able to give people enough of an educational base so that they know when it's important to get sound technical advice."

Although more time is needed before

Two organizations which are active in providing comprehensive training programs for health and safety committee members are the Industrial Accident Prevention Association (IAPA) and the Ontario Federation of Labour (OFL).

The **IAPA** has recently developed a new training program for committee members called "Learning Together". According to Jim Fisher, external consultant to IAPA on the project, it represents "a departure from traditional-style courses. This is in-plant training which doesn't require a skilled instructor. It's based on sound, modern principles of adult learning, and has a fair amount in common with some of the new organizational theories, such as quality circles and project teams."

Dilys Robertson, IAPA project and program development co-ordinator and moving force behind the program, says there were two main motivations for its development. "Everyone was going on about joint committees but there was no training available for them. If we wanted effective training, we would have to try to do it in-plant, because it would be impossible to get all the committee members out as a group. The second thing was that the designated substance regulations were coming up and giving a substantive role to joint committees. That obviously raised a question: where were they going to get background training in this area?"

IAPA spent over a year developing the program, setting up a steering committee with representatives from industry, surveying companies' perceptions of training needs, conducting a pilot study with four companies, and doing a pre-test and post-test of the program in the pilot companies. The post-test indicated a significant improvement in attitudes toward the committee and in knowledge about occupational health and safety. Results of the pilot project were used to revise the program before it was printed, with the result that IAPA staff are confident it is a valid learning program.

Objectives of the IAPA program are to improve the committee's knowledge

the effects of joint health and safety committees can be properly assessed, the fact is that they require people to become more educated, aware and involved in occupational health and safety. In the long term, this can only be beneficial to those of us who spend a third of our lives at work.

of health and safety, thereby improving its effectiveness, and to help members understand how to operate as a joint committee.

There are four independent modules in the training package. Each module is organized into five one-hour sessions, which can be completed in one day, two half-days, or over a longer period of time. The materials consist of a study leader's guide (the committee chooses a study leader), workbooks for members, and relevant resource booklets. Cost of each module, which includes the study leader's guide and materials for three additional committee members, ranges from \$40 to \$70.

The four modules, which combine theory and practice, cover the role of the committee; health and safety legislation; safety fundamentals; and an introduction to chemical safety.

The **OFL** teaches a 30-hour course for committees which focuses on occupational health. This standard course, oriented toward industrial workers and committee members, has been completed by 3,000 people throughout the province, according to Clarence MacPherson, programmer at the OFL's Health and Safety Training Centre in Toronto. Government funding has recently been received to continue training 1,000 people per year.

"What we've done now is to go one step further by diversifying and attempting to be a little more job-specific - looking at office and clerical workers, construction workers - and we've just finished training all the apprentices at General Motors," says MacPherson. New training materials have been developed, geared to the needs of these groups.

The OFL Centre is also starting to get requests from management for information on available materials and possible course packages. The standard 30-hour course is offered at no charge, but shorter courses require the sponsoring organization to purchase materials (the OFL providing audio-visuals at no charge). ☒



Making the adjustment

by Boyd Neil

The thought of losing an arm or leg is alarming. Not so much because of imagined pain; the fear is about life afterwards, and how to rebuild it when previously it depended on the normal, co-ordinated functioning of two arms and two legs. It is a reality that workers who have suffered the amputation of a limb must face.

But when workers who have lost a limb in a work-related accident enter the Workmen's Compensation Board's Hospital and Rehabilitation Centre (H&RC) in Downsview (north-western Toronto), they are not allowed to worry about the future for long. A hospital team immediately sets to work, helping the amputee adjust physically and emotionally to the new situation.

"Our goal," explains Dr. Tony Kennard, co-ordinator of the WCB's amputee clinic at the Centre, "is to have an arm amputee get back to two-handed activity, and a leg amputee to walking activity as soon as possible."



Ross Ladouceur is fitted with a below-elbow prosthesis.



John Didzbalis, Hugh Watson, Bill Burt (l. to r.), prosthetics department.

Not forgotten in the early stages of an amputee's treatment are the inevitable emotional adjustments which attend the injury. As Kennard explains it, "Basically, there is an initial intellectual acceptance. The day after the operation, the patient says to him or herself 'My foot is gone. I can't grow another one. So let's get fitted with something and get going again.' Then there is an emotional acceptance which occurs sometime in the first six weeks - usually with the visit of a close relative. The patient will suddenly break down and sob his or her heart out for anywhere from a half hour to a couple of days. As fast as it begins it ends, as if it was nature's safety valve releasing the tensions."

The return to a full working life is made possible with the aid of a prosthesis - an artificial device that replaces a missing limb. The cost of a prosthesis and its subsequent repair and replacement is covered by the Workmen's Compensation Board when the amputation is

occasioned by a work-related injury. In the last five years, the amputee clinic has seen an average of 57 new major amputation cases each year.

Available prostheses range from partial hand devices to complete upper and lower leg prostheses. The purpose is the same - to have an artificial appliance reproduce the activities performed by the missing limb as far as is possible. How this is achieved is a story of perseverance, ingenuity and hard work on the part of both the patient and the amputee team.

Preparing an amputee for life without an arm or leg, and for fitting with a prosthesis, begins almost as soon as he or she enters H & RC. "We like to see the amputee within 10 days to three weeks after the operation - ideally at the time the stitches need to come out - in order to encourage exercise and general conditioning, so that stiffness in the joints can be avoided and post-operative swelling can be overcome," says Kennard. When the amputee arrives in the amputee clinic, a team comprised of Dr. Hunter (the amputee director), Kennard, an amputee secretary, amputee nurse, physiotherapist, occupational therapist, remedial gymnast, vocational rehabilitation counsellors, social worker and, of course, a prosthetist goes into action.

The physiotherapist, under the supervision of the WCB's Colin Bell, the remedial gymnast, under the supervision of Alex Frickleton, and the occupational therapist, under the supervision of Helen Jensen, are directly responsible for preparing the amputee for fitting with the first temporary prosthesis.

The physiotherapy intervention is particularly important in the early stages

of recovery, as it is essential that the stump, while healing, be properly banded in order to shape and mold it appropriately for fitting with a prosthesis. The physiotherapist, occupational therapist and remedial gymnast also work to correct the inevitable muscular imbalance attending an amputation. As Frickleton explains, "In a mid-thigh amputation, for example, the muscles which move the leg inward are seriously affected, but not so much the ones which make the leg swing out – so you have an imbalance." What is needed, says Bell, is "muscle re-education."

According to Kennard, within two to three weeks in the case of an above or below elbow amputation, and four weeks in the case of a leg, "We are able to have the patient fitted with the first temporary prosthesis." Bill Burt, prosthetist at the Hospital and Rehabilitation Centre, measures the remaining



Clarence Lambert receives an adjustment to his below-knee prosthesis.

stump and can have a temporary appliance ready in 1½ to two days. This temporary prosthesis is necessary because it takes up to a month or more for the amputation to stabilize, for the shrinkage to subside and for the sensitivity in the stump to diminish.

It also allows therapists Hanna Heger and Marjorie Burden the opportunity to work intensively with the amputee on the use of the new arm or leg. In the first four days, the patient is taught, among other things, how to attach and remove the prosthesis; how, in the case of an arm, to open and close the hook; and how to lock and unlock the elbow.

During this initial period, Heger also determines whether the patient will need, or wants, any special devices or attachments to adapt the prosthesis to the requirements of work or hobbies. The range of attachments is seemingly endless, popular ones including special hand grips for golf clubs, hockey sticks and

even pool cues. Arms can have hammers or screwdrivers directly attached to the prosthesis and artificial legs can be adapted for bicycle riding.

Heger performs this assessment within the first few days of fitting a temporary prosthesis. Within a month, during which the amputee will in most cases be at home and even at work, the amputee is ready to be measured for a permanent prosthesis.

Lower limb prostheses have changed very little over the last few years, at least as far as function is concerned, although they have become more aesthetically pleasing. Some types of below-knee legs can be held in place with a rubber sleeve and there is now a softer covering which often replaces the solid outer surface, making the fit more cosmetically acceptable.

With arms, however, advances in electronics have allowed for the development of a below-elbow prosthesis much less cumbersome than the conventional arm, which requires a harness and bicycle-type cables for control (although this latter type of arm is still required for heavy work).

The myo-electric arm is suspended over the back of the elbow and is controlled by muscles in the stump on which small electrodes rest. The electrode picks up a minute electric signal produced when the appropriate muscle is twitched. The muscles are "twitched" by the amputee's imagined bending of the phantom (amputated) wrist. In this way, the hook or hand can be opened or closed.

It takes about three to four weeks to manufacture a prosthesis, much of the work being done by Burt and his staff and their associates in Sunnybrook Aid to Living Centre's 40-person assembly shop (part of Toronto's Sunnybrook Hospital). Electrical parts for the myo-electric arm – namely the hand, battery assembly and electrodes – are imported from Germany. Knees and feet are also imported. The casting, cast, modifications, assembly and fitting are the responsibility of the three prosthetic specialists who work in the well-designed, compact prosthetic department in the basement of H&RC.

When the prosthesis is finally completed, the amputee returns to the hospital for two weeks of intensive training in its use. People with myo-electric arms practice a broad range of daily activities and work-related skills, says Heger, from cutting meat to gardening and clerical work. Leg amputees learn



More than 30 different types of prostheses are available at H&RC.

how to accommodate for different terrains, how to climb stairs and how to get up when they fall. Periodic return visits may be needed for minor adjustments, but after the two-week training period, the amputee is physically ready to go back to a full, normal working life.

The amputee's adjustment to a daily work routine will be made easier in the future, when developments in a new myo-electric elbow (which will operate more quickly and flexibly) are realized. "We are also looking for a better type of cosmetic glove," says Burt, "which is more realistic in colour and more durable. And we are testing a new hook at the moment."

Chances are that when that day arrives, amputees who have been injured on the job will be among the first to know about it through the WCB's Hospital and Rehabilitation Centre – and among the first to try the new prostheses out at work. ☞



Lambert tries out his newly-fitted leg.

Measuring the risks:

Industrial hygienists

by Boyd Neil

At a conference a year ago on occupational health hazards, Dr. Dennis McCalla of McMaster University's Department of Biochemistry stressed the urgent need "for improvements" in methods of testing new chemicals and collecting information on how occupational diseases affect people.

Among the front-line occupational health and safety people who would benefit from these improvements, because they deal daily with hazardous chemicals in the workplace, are a group known as industrial hygienists.

No, they are not dietitians or dental technicians, as their name might suggest. But the broad range of work performed by industrial hygienists makes defining them somewhat difficult. Their discipline overlaps with those of chemical engineering, ergonomics, toxicology and even occupational medicine.

Varied roles

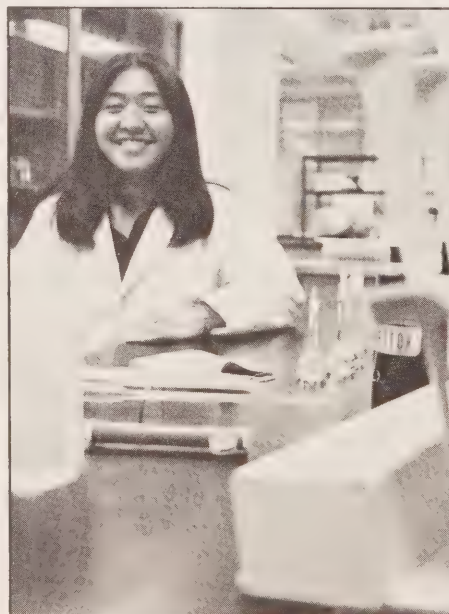
At Canada Packers Inc. in Toronto, for example, industrial hygienists are primarily concerned, at present, with doing audiometric testing to monitor noise levels at various work stations. Imperial Oil Limited's industrial hygienists can be found on the shop floor checking ventilation controls and in the boardroom advising management on health and safety legislation. They also review plans for a new facility in order "to determine whether there is an adequate seal system on a pump or sampling system for chemicals or if there is sufficient attenuation to protect office areas from plant noise," explains Neil Murray, manager of industrial hygiene at Imperial Oil in Toronto.

The oft-repeated description of the industrial hygienist's role, in the words of Dan Heffernan, an industrial hygienist at Canada Packers, is "to recognize, evaluate and control a particular chemical or physical hazard in the workplace." Andrea Sass-Kortsak of the University of Toronto's Occupational and Environmental Health Unit gives the job a more human face when she tells her students that an industrial hygienist "ensures the protection of

workers from health hazards resulting from the work environment and work practices."

The first step towards protection is, of course, discerning the potential dangers of various chemicals. This task is not made any easier in the knowledge that there are somewhere in the neighbourhood of 800 chemicals which are commonly considered to have limits of exposure. Any number of them, combined in various ways, could become a health hazard. A classic example is arc welding in the presence of a particular chlorinated solvent which generates phosgene, a severe respiratory irritant. The effect of a chemical on workers can depend on a variety of factors – concentration of the chemical, susceptibility of workers who come in contact with it and length of exposure.

Responsibility for identifying the impact of chemicals on the environment usually rests with a toxicologist – some-



one who works in a laboratory with poisons, looking at their effects and the potential chemical, industrial and legal problems they pose. The industrial hygienist acts in essence as a conduit between the toxicologist's findings (published in various journals and data sheets) and the company's management.

Industrial hygienists help management to identify those chemical and physical agents (for example, a poorly constructed ventilation system) it needs to be aware of, and thus help determine when a particular identification program is needed in a specific work location. They also take care in recognizing possible synergistic effects of materials and chemicals. According to a U.S. study of asbestos workers, for example, the harmful effects of asbestos are exacerbated by heavy smoking.

Monitor workplace

"Evaluation" in the industrial hygiene equation involves the actual monitoring and measuring of chemicals and materials. The goal is to measure the concentration of chemicals (in parts per million) in the workplace, decibels of noise or millirems of radiation in order to determine harmful exposure levels.

At Exide, where Heffernan worked before joining the Canada Packers organization, his main concern was the lead used in the manufacture of car batteries. "We monitored the air through pumps and biological sampling – actually testing blood on a regular basis," he says. Murray of Imperial Oil adds that "in some cases, a toxicologist will test material and find out something new about it. We will want to take that information and double check our exposures to find out if we should be doing something different."

The measurement of various substances has been aided in the last few years by an explosion in the types of personal samplers and direct reading instruments geared specifically to industrial hygiene concerns. And the proliferation of microprocessors has made easier the job of analyzing results of various tests in the workplace.

Partly because of the complexity of the whole field of occupational health and safety, industrial hygienists are beginning to suggest needed changes in such things as ventilation, isolation of certain substances and provisions for personal protective equipment. As Murray explains it, "Control is usually

adequately addressed by our in-plant engineer, but we might identify for the engineer a particular area of concern where exposure needs to be reduced or eliminated." In this as in other aspects of their job, industrial hygienists may work in conjunction with a team of other occupational health and safety specialists, including occupational physicians, technicians, ergonomists and occupational health nurses.

The most effective method of hazard control in the long run, however, is educating both workers and management in the degree of risk involved with certain chemicals and materials. Industrial hygienists participate actively in this aspect of occupational health and safety as well. At Imperial Oil, hygienists provide health hazard data sheets for employees and for customers to whom they supply chemical and petroleum products. Their educative function even extends to the shop floor, where they can sometimes be found giving talks on the results of their investigations.

Although Imperial Oil, for example, has had an industrial hygienist on staff since 1953, the field is still relatively new and it is difficult to estimate how many hygienists there are in Ontario. Dick Olsen, manager of industrial hygiene for Dow Chemical Canada Inc., estimates that "all of the large companies in Canada have industrial hygienists on staff." At least 223 Canadians are registered as such with the American Industrial Hygiene Association.

Small companies

Small companies which cannot afford a staff hygienist sometimes rely on consulting firms such as Toronto's Hatch Associates – an engineering consulting firm with particular expertise in mining, metallurgy and rapid transit tunneling. Three years ago, they realized they needed industrial hygiene input into various engineering projects, so they established an environmental section under Dr. Howard Goodfellow. They are in effect industrial hygiene trouble-shooters and are called in by both large and small companies to solve particular problems.

To date, Hatch Associates have worked on more than 30 different projects, ranging from small problems which only required a few days of work to larger, more detailed ones such as foundry studies.

Another alternative for Ontario companies is to call on one of the five resource centres for occupational health and safety across the province. Each of the five – at Lakehead University in Thunder Bay, Laurentian University and Cambrian College in Sudbury, Queen's University in Kingston, University of Waterloo in Waterloo and the University of Western Ontario in London – offers similar, extensive services.

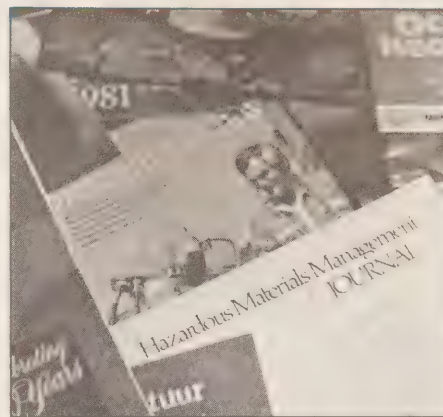
They work closely with labour and management to conduct courses and seminars on health and safety and will set up training programs which respond to the needs of the specific industry. Each of these centres also has a comprehensive information service which, at no charge, provides materials on health and safety matters.

Hygiene testing

Of more immediate concern to businesses perhaps, staff at these centres can also perform industrial hygiene testing in the workplace, including air sampling, chemical analysis and workplace assessments. Because they are located on university campuses, they can also call on expertise in appropriate university disciplines as necessary. The cost of this service is determined on the basis of a fee schedule.

Industrial hygienists can enter their line of work in any number of ways. Some come to it through chemical engineering or pure chemistry, others from environmental engineering technology. There are also various programs available at the University of Toronto and Lambton College in Sarnia to train both hygiene technologists and industrial hygienists. "It's important to make the distinction between the two," says Sass-Kortsak. "A hygiene technologist is trained at Lambton College to do sampling and calibration of instruments, but they don't usually have university degrees. Industrial hygienists do have university degrees and can design a complete program of industrial hygiene in a plant."

The University of Toronto has two Master of Science programs, one under the Division of Community Health, Faculty of Medicine, and the other under the Department of Chemical Engineering. McMaster University in Hamilton offers a Master of Science degree under the Department of Clinical Epidemiology and Biostatistics, including a degree



program with an emphasis on industrial hygiene. The only formal accreditation at present, however, is through the American Industrial Hygiene Association, although there is a move afoot to establish Canadian certification.

As rapidly as the field is growing – spurred partly by legislated guidelines in the Occupational Health and Safety Act and partly by today's generally higher level of concern for personal safety – it is also changing. The future is one of new technology, better instrumentation to measure workplace stressors, improved awareness of safety hazards among workers and more widespread use of computers to obtain information more quickly, search medical journals and store test results of conditions in different industries.

Heffernan looks to these changes "as a natural consequence of the fact that we are now keeping better records of individual exposures and that there is more scientific research being directed towards workplace hazards."

A more circumspect Neil Murray says, "We will always wish that we could have known 10 years earlier what we know now. The sad thing is that much of our knowledge comes from firsthand experience, by someone being exposed. For example, I would imagine that industrial hygienists will have to be increasingly concerned about the effects of substances on reproduction; but it will take years to sort it all out."

In the quest for an ever safer workplace, it is important that we constantly reassess our current knowledge of hazardous substances. As McCalla stressed in Hamilton last year, there is always a need to improve on our understanding of testing methods and new chemicals. Adding to that knowledge is just one of the tasks of industrial hygienists. ☼

WCB FACTS

Medical aid an essential service

To provide efficient and effective service to injured workers, treating professionals and treating agencies across Ontario is the purpose of medical aid at the Workmen's Compensation Board (WCB). In fact, the Medical Aid Branch (Medical Services Division) of the WCB has recently undergone an intensive program of reorganization in order to improve on those services.

Responsible for processing more than 100,000 professional accounts per month, a highly trained group of specialists at the Board now provide doctors, dentists, chiropractors, pharmacists, hospitals and other treating agencies throughout the province with faster payment of their treatment accounts for injured workers, among a number of other services.

Worker assistance

Providing assistance to injured workers with particular needs is a major and essential function of medical aid. In addition to paying for the medical or related treatment of injured workers, WCB staff order and pay for special aids for paraplegics and quadriplegics, as well as necessary prosthetic devices, canes, glasses and prescription drugs for those with established claims. Clothing allowances for workers who must wear a brace or prosthetic device (which may cause damage or extra wear to clothing) on a permanent basis are also processed by branch staff.

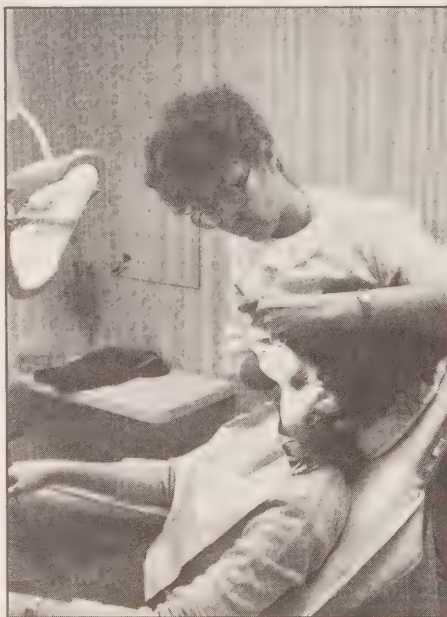
An attendance allowance may be granted and paid for workers who, because of a severe disability, require personal assistance from an attendant in the home on a full or part-time basis (home-maker, family member, friend). Medical aid expenses covered by the WCB can, in fact, range from the cost of transportation to and from medical appointments to field counselling for the severely disabled, as necessary.

The worker services section of the WCB's Medical Aid Branch deals directly with injured workers and their families in order to help them with some of the problems that may accompany the transition from a treating institution to life at home. Service includes paying any medical expenses that the injured

worker may have paid out-of-pocket and is entitled to under Section 52 of the Workmen's Compensation Act.

Counselling specialists

Medical aid field counselling specialists assist severely handicapped workers on lifetime disability pensions (with, for example, serious spinal injuries, head injuries, major amputations), who will likely never be able to return to work and whose homes may require extensive modifications to make life comfortable for the individual (both physically and emotionally).



Necessary modifications to the worker's home can be financed by the WCB. As a result of severe injuries, for example, ramps may need to be built at the front and back entrances to the home in order to accommodate a wheelchair, and sliding doors can be installed between rooms to facilitate easier movement. Bathroom taps may require safety valves to control water pressure and temperature, and fixtures may have to be wrapped to prevent the individual from burns (when limbs lose their normal sensation to extreme temperatures). The emphasis is placed on restoring a sense of self-sufficiency to the injured person, while considering his or her safety.

In cases where the worker cannot be cared for at home (because the injury is so severe, because the worker does not have any immediate family to provide the necessary care and support or where the necessary degree of independence cannot be met), a suitable nursing home may be the only solution. Some workers may also need treatment at the WCB's Hospital and Rehabilitation Centre.

Family adjustments

Sometimes the worker's family has difficulty in accepting the adjustments the injured person must make and, in these instances, WCB counselling specialists may refer them to a social worker or area social service agency for support. Severely injured people sometimes adapt to their disability more quickly than do their families. The husband or wife supplies vital support to the injured person and there are times when they too need counselling to help them cope with the changes. WCB counsellors are sensitive to warning signs that the family may need additional community support.

Restructuring of medical aid services provided by the WCB was based on two years of extensive research into the expressed needs of the clients it serves – both professionals and injured workers. In response to their concerns, all aspects and possible complications of a specific treatment account are now handled in one place where possible – therefore offering more individualized service than had been previously possible.

Payments processed

Additional staff and a sophisticated computer system have helped to ensure that accounts are processed efficiently. Payments to treating professionals and agencies are made every two weeks during treatment of an injured worker with an allowed claim, and are accompanied by a remittance statement indicating the current status of the particular account.

Before medical aid payments can be processed by the WCB, however, an injured worker's entitlement to the particular treatment, service or apparatus must first be determined. Unlike the Ontario Health Insurance Plan, the Board



must determine entitlement in a claim before payment can be made, and must match the bill for treatment or service with a specific on-the-job accident claim submitted to the Board.

Once a claim has been examined and allowed by the Claims Adjudication Branch of the Workmen's Compensation Board, a specially trained medical aid adjudicator (with the help of various professional consultants at the Board, as required) can then determine whether the treatment or service being billed was necessitated by the work-related accident - in other words, to ensure the worker is entitled to the particular treatment under the Workmen's Compensation Act.

Entitlement determined

If it is determined that the specific medical aid item does not fall within the injured worker's entitlement, a recommendation must be made to deny entitlement. Policy and review specialists will then either confirm or reverse the adjudicator's recommendation, or can request additional information as indicated. Any party wishing to appeal an adverse decision can do so through the Board's formal appeals process. If a delay in payment occurs, it is most often related to the question of entitlement.

The Workmen's Compensation Board establishes annual schedules of benefits that indicate Board-paid fees for doctors, chiropractors and dentists. Professionals who treat an injured worker (as

defined in the Workmen's Compensation Act) are guided by these schedules, and no additional payment for services may be requested from the injured worker, the employer, the WCB or any other person or agency. If a rate other than that specified by the appropriate schedule of benefits is submitted, payment may be delayed and the rate adjusted.

Professional accounts

Doctors, chiropractors, physiotherapists, pharmacists and hospitals are supplied with their own agency account number and account cards from the Board to use as their billing device. Dentists are supplied with a dental report form, which is needed to establish the extent of the injured worker's entitlement.

It is the responsibility of the Workmen's Compensation Board to restore the injured worker's dentition (condition of teeth) to his or her pre-accident condition. For instance, if the worker was wearing a complete upper denture which, because of a work-related accident, was damaged beyond repair, the Board would provide the worker with a new denture on a once only basis, thus completing the injured worker's entitlement. Any additional repairs, relines or remakes would be the injured worker's responsibility.

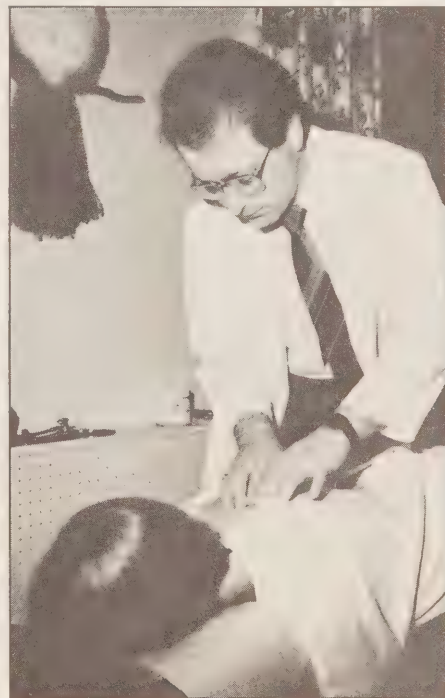
On the other hand, if the worker suffered damage to his or her natural teeth as a result of an accident on the job, and

required a permanent bridge to restore them to their pre-accident condition, the Board would authorize and fund the necessary bridgework for the lifetime of the worker.

Treatment authorized

Once the appropriate form has been received by the WCB and the question of entitlement has been determined, the treating professional or agency is notified in writing of treatment authorization, and payment is then arranged.

A series of seminars have been developed by the WCB to assist professionals and their staffs in utilizing the account cards and in understanding the medical aid system. Professionals and other interested groups can obtain information on these seminars, conducted on request across the province, by writing to: Glenn Carmen, Project Specialist, Medical Aid Branch, 8th Floor, Workmen's Compensation Board, 2 Bloor Street East, Toronto, Ontario, M4W 3C3.

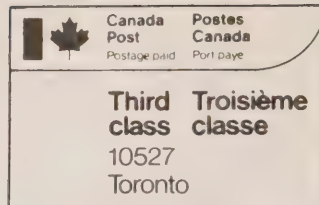


Streamlining of the Medical Aid Branch has enabled injured workers and professionals to call directly for information: in Toronto, at (416) 965-8733, or across Ontario toll-free, at 1-(800)-268-3760. Individuals in the London and Sudbury areas should contact WCB regional offices in those cities for assistance. ☒



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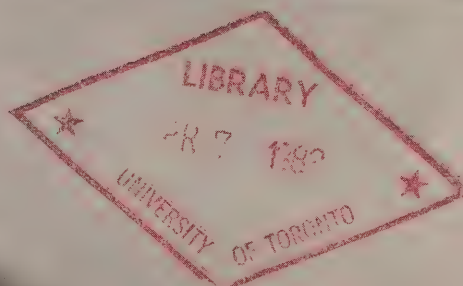
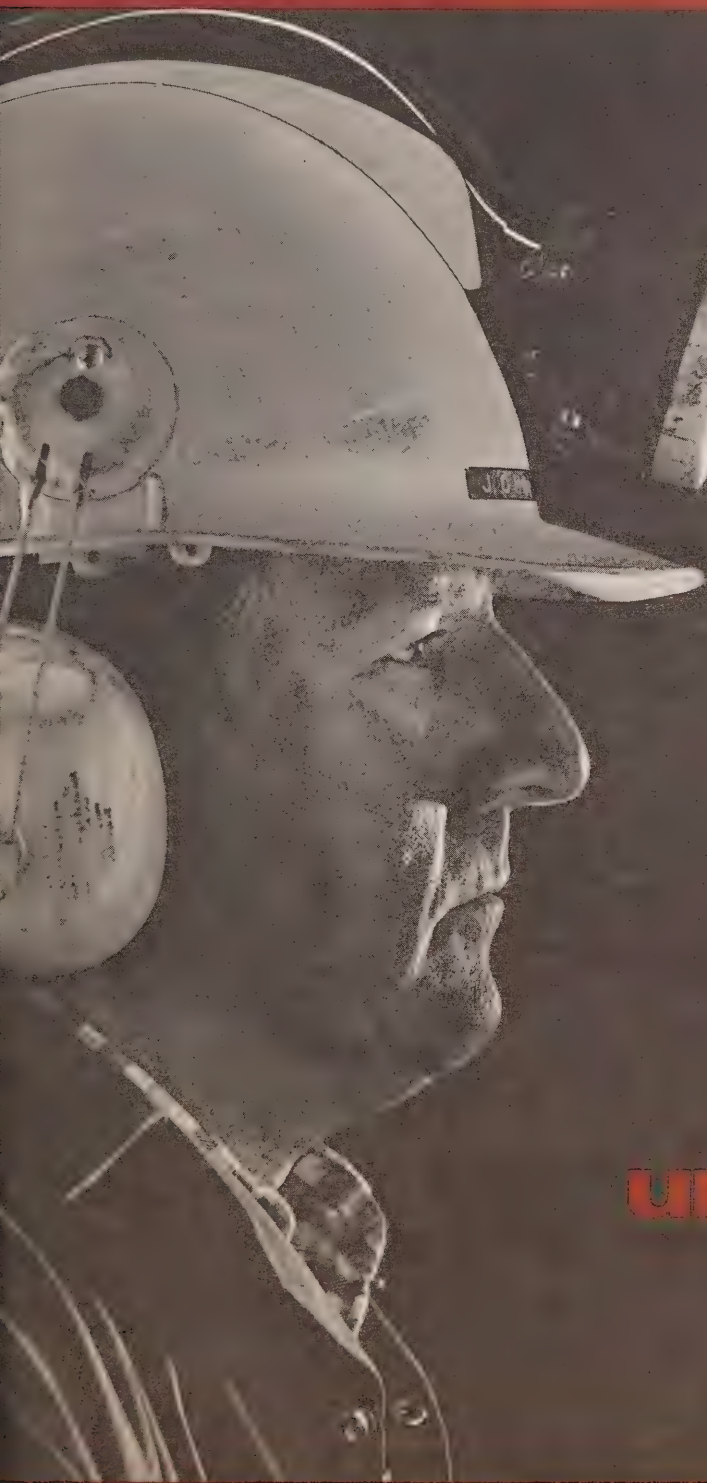
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Workers'
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Commission
des accidents
du travail

Winter 1983



Safety
underground

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WCB Report

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Amendments raise benefits, give Board a new name

Amendments to the Workmen's Compensation Act, passed in the Ontario Legislature on December 21, 1982, have raised benefit levels to injured workers, increased the ceiling on earnings covered, and changed the name of the Act and of the Board.

Benefits payable to injured workers of the province, their spouses and dependants have been increased by nine per cent, retroactive to July 1, 1982. The ceiling on earnings covered by the Board has been raised from \$22,200 to \$24,200 per year.

The name Workmen's Compensation Board has been officially changed to **Workers' Compensation Board** under these amendments, reflecting the Board's continued service to both the working men and women of this province. The name of the Act has been changed to the Workers' Compensation Act.

While benefit increases are payable effective July 1, 1982, the new ceiling on earnings covered will not be reflected in employer assessments until January 1, 1984, the WCB has announced.

Highlights of the new benefit levels are as follows:

- ceiling on covered earnings rises to \$24,200 per year from \$22,200;
- minimum permanent total disability pension increases to \$748 per month from \$686;
- minimum temporary total disability allowance increases to \$170 per week from \$156;
- dependant spouse's pension rises to \$537 per month from \$492;
- dependant child's pension rises to \$149 per month from \$136;
- orphaned dependant child's pension increases to \$167 per month from \$153.

For more detailed information on the new disability benefits payable by the Workers' Compensation Board, see page 11.



**Workers'
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The new identifying symbol of the Workers' Compensation Board, developed in connection with the Board's new name, retains the circle and diamond shapes of the original symbol while taking on a more recognizably human form.

Out of the darkness...

Safety in the mines

by Boyd Neil

Most of us imagine mining to be the work of black-faced, stocky men. The world of D.H. Lawrence's Sons and Lovers completes the picture with its columns of silent workers leading pit ponies up long, dark slopes out of cramped mine shafts into the light.

In reality, only two similarities stand between Lawrence's northern England pits and Ontario's mining industry today: workers still go underground and the mines are dark.

Homer Seguin, regional representative for northeastern Ontario of the United Steelworkers of America, believes that, in some cases, mines are still too dark—and damp. "The dampness will be difficult to eliminate, although something can be done about the slipperiness of the ground," he says. "But we should certainly be making better use of portable lighting in some mines."

Rio Algom's Quirke mine in Elliot Lake—which in the first six months of 1982 had an accident frequency of only 27 accidents per million man hours worked, compared with the industry average of 38—is extremely well lit in areas where people work. But getting to and from those locations depends on a solitary beam of light from a miner's hard hat. Everything else is darkness and silence, broken occasionally by the sound of dripping water and the drone of powerful ventilation fans.

A mine passageway, or "drift" as it is called in the industry, is a bit like a breezy cocoon, not at all unpleasant to walk through. Miners work in teams, reinforcing the drift walls with rock bolts or fencing them with wire mesh to prevent accidental rock falls. Others "scale", using a special bar to loosen potentially dangerous rock, or work on drilling rigs, making holes in the face to prepare for blasting.

In another part of the mine, near the huge cage which carries miners to and from their work areas, a sole miner controls the mined rock, or "muck" (in the Quirke mine, uranium), as it falls into the "skips" (elevators for ore). All muck is mined from upper levels and is

sent down shutes with the help of only gravity. The skip at the Quirke mine travels about 2,000 feet per minute, much faster than the 1,200 feet per minute speed of the CN Tower elevators in Toronto.

Among the province's natural resource-based industries, mine occupations, particularly underground work, are among the most dangerous and, therefore, most heavily regulated. Ontario's Occupational Health and Safety Act, 1978 and Regulations for Mines

sometimes get stuck), while another fell to his death down a mine shaft from a moving cage.

The most common type of underground mine accident, according to the April, 1981 report of the Joint Federal-Provincial Inquiry Commission into Safety in Mines and Mining Plants in Ontario (Burkett Commission), is the result of rock falling on workers. As the report states, "Over 15 per cent of the underground fatalities that have occurred in Ontario mines since 1975



Wet drilling helps to keep dust levels down. A hose attached to the miner's drill sprays the surface of the face where the drill is operating.

and Mining Plants cover everything from the use of explosives to the required frequency for inspecting hoists.

In 1981, there were approximately 2,300 lost-time accidents in the mining industry, which that year employed close to 38,000 people. In the first nine months of 1982, workers in Workers' Compensation Board "Class 5" industries—which include gold, nickel, uranium and iron mining, as well as prospecting and mine consulting—sustained 1,428 lost-time injuries. In the same period, six miners died in accidents (compared with the enviable zero fatalities in the pulp and paper manufacturing industry, for example). One miner was caught in a run of muck from an underground "settling cone" (where a shute narrows at the bottom, muck will

have been attributed to fall of ground. Four of the 15 underground fatalities (22 per cent) which occurred in 1980 were the result of fall of ground. Historically, fall of ground has been the cause of about 7.5 per cent of all underground lost-time accidents in Ontario mines." In other words, "It is a major cause of fatalities and lost-time accidents within the industry."

The prevention of loose rock from falling into the drift (fall of ground) is referred to as "ground control". The most important method of ground control is proper scaling, a procedure whereby a metal bar is used to strike the rock mass of the "back" (drift roof). A dull response signifies loose rock, which is subsequently pried off. Throughout a drift, rock bolting is also carried out to

prevent rocks from coming loose. The most common type of bolt has an expanding shell at the end in order to grip the rock.

Recognizing ground control as an important issue, the Burkett Commission made a number of recommendations for improving these techniques—among them, that proper visual follow-up be a partner to effective scaling, that load-haul-dump units and drill rigs (both mobile machines operated by miners) be outfitted with overhead protective shields, and that graduate mining engineers specializing in rock mechanics be retained by underground mining companies to advise them on rock conditions.

Most important, perhaps, was the recommendation that work crews “be formally and systematically made aware of ground conditions in the areas in which they are working.” This recommendation takes for granted that the worker’s attitude is the sine qua non of good safety. In fact, Vince MacIntyre, safety administrator with the Mines Accident Prevention Association of Ontario (MAPAO), and Ian Montgomery, Rio Algom’s area safety superintendent, are both strongly convinced that the worker’s own safety awareness is crucial underground. Recent incidents reported to MAPAO reveal that the reason for a number of accidents has simply been carelessness.

While the worker must exercise every possible precaution in the workplace, it is management’s responsibility to set the safety policy and ensure it is being carried out. But management must work with labour if mines are to be made safe. And, at least in the field of ventilation and dust control, the co-operation of management, workers and unions has resulted in significant developments.

Peter Chmara, senior engineer of occupational health with MAPAO in North Bay, refers to a September, 1981 survey in order to show that air ventilation capacity in mines has tripled in the last 20 years. “For every ton of rock hoisted, 8.325 tons of fresh air is now being pumped into the mine,” he says.

Peter Koziol, MAPAO’s industrial hygienist, points out that a mine such as Quirke “circulates enough fresh air through the workings to effectively dilute or remove the dusts and gases produced during the mine’s day-to-day operations. In other words, the ventilation system is sufficient to dilute contaminants to such an extent that they are rendered harmless.”

At Rio Algom’s Quirke mine, one can follow the path of fresh air through the drifts by simply noting the changes in temperature—the intake drifts are cooler and there is a distinct fresh breeze; the path of old air being drawn out is warmer and the air itself is slightly heavy.

Dust control, a problem in any mine because of the dry underground air, is in this case controlled by powerful sprayers set at intervals throughout the fresh air drift, from which a fine mist of potable water is constantly sprayed. The Quirke mine’s ventilation team, headed by Richard Kowolchuk and recently joined by a designated union representative, is constantly sampling the air to ensure a healthy concentration of fresh air is maintained.

Silicosis, in particular, has been brought under significantly improved control underground by the development of wet drilling to keep dust levels down. A hose attached to the miner’s drill sprays the surface of the face where the drill is operating. Optimistically perhaps, Chmara insists that by the end of the decade, “we will see no new cases of silicosis.” In uranium mining, he adds, “there have been no new cases of silicosis in workers whose exposure has been post-1962.”

To assist the mining community in the study of ventilation and dust con-

trol problems, MAPAO conducts semi-annual surveys of air in mines. Most mines now have their own ventilation specialists, who have drawn extensive practical knowledge from their own experience as underground miners.

Although there are still problems—Seguin points to the unpleasant working conditions in some mines, for example—there has been steady improvement in the industry’s safety record. MAPAO, for one, has encouraged safety awareness among management and workers since 1930.

With a 1983 budget of approximately two million dollars, drawn from Workers’ Compensation Board assessments on the province’s employers, the goal of MAPAO is “to motivate the Ontario mining industry to a total commitment to continuing improvements in occupational health and safety.”

MAPAO offers a variety of services to member companies, including safety education seminars, assistance by area representatives in running safety programs, staff technical advisers who are available for consultation with industry employers and up-to-date lab facilities for conducting konimeter dust spot counts and gravimetric filter weighing (dust sampling analyses).

In its safety education work, MAPAO stresses the E.R.G. approach—Example, Remedy, and Gain. An example of its



A miner tightens a rock bolt to protect workers from falling rock. Wire mesh fencing also prevents accidental rock falls.

practical application is the case of a miner scaling the loose ground above him. A piece of rock falls and he jumps back, tripping over another rock and falling on yet another sharp piece of rock. The injury results in paraplegia. Using the E.R.G. approach to safety, the example would be given, the remedy described—always scale from good ground to bad—and the gain would be stated—obviously, the prevention of a serious injury. The key to this form of safety education is to keep the message concise.

the adoption of the Mine Safety Audit Program, which is now well under way. The Mine Safety Audit Program is based on the International Safety Rating Program (administered by the International Loss Control Institute in the United States), which uses 21 components for assessment. The audit judges everything from total management participation, emergency preparedness and planned inspections of worksites to the use of awards and recognition for safety efforts, and is scored on a point system.

Its purpose, as R.G. Dupuis, MAPAO

improvements. The total cost to the company is \$125: \$30 for the workbook and \$95 for a safety manual.

Audit results are confidential and are not legally binding, so determining whether a company has complied with suggested improvements is still a problem. Comparing the first 13 audits, however, Dupuis found that the weakest safety performance pertained to planned job observations, job analysis, off-the-job safety, purchasing and engineering controls, and personal communications. Significantly from the Workers' Compensation Board's point of view, the firms fared well in carrying out accident investigations.

At MAPAO's annual meeting in May, 1982, Dupuis concluded that the prevailing weakness in mine industry safety programs seemed to be a "lack of written directives and policies. I'm not saying that top management isn't committed, but what I am saying is that it's not a commitment in writing."

There is little doubt, however, that the Mine Safety Audit Program, which measures both strengths and weaknesses of the mining industry's safety measures, will go a long way in encouraging needed improvements in the industry. First among these improvements will be increased safety awareness among workers, supervisors and upper level management. To this end, a new training and information program designed to increase safety awareness throughout Ontario's mining community has been embarked upon jointly by the Ministry of Labour and MAPAO.

The \$270,000 program will consist of producing 30 training modules dealing with mining regulations and safety requirements. The Ministry will provide funding of \$180,000, while MAPAO will contribute \$90,000.

The regulation modules, consisting of audio/slide presentations and supportive printed manuals, will reach an estimated 60,000 people involved with the mining industry, and will provide inspectors, supervisors, and workers with quality training in safe work practices and the identification of hazards and unsafe conditions.

Information for the modules will be drawn from the Ministry of Labour, MAPAO and organized labour. Seguin of the United Steelworkers, for one, is pleased: "I think the modular training initiative is excellent."

This type of co-operation and commitment will go a long way towards safe mining.



Auxiliary ventilation fans and piping ensure fresh air is directed to areas where miners are working.

Three standing technical committees—on safety, the workplace environment and ground control—keep MAPAO advised on current developments in their specific fields. These committees are made up of volunteers from the mining industry, who address such subjects as the safety audit program, the effects of inadequate lighting and the identification of pneumoconiosis (a disease of the lungs caused by the inhalation of certain types of organic or inorganic chemical dust particles).

As a result of recommendations of the Burkett Commission, MAPAO has made a number of organizational changes, including severing its ties with the Ontario Mining Association (the association of mine employers), which had been of some concern to trade unionists, increasing its staff, expanding its mandate and moving all its administrative functions to new headquarters in North Bay.

One of the principal innovations endorsed by the Burkett Commission was

senior safety auditor, pointed out in a speech to the 1982 annual meeting of his association, is "first, to determine the level of efficiency of a company's safety program. And, second, to provide management with information on the level of the company's safety program efficiency and also to provide recommendations as to how the company's program can be upgraded to a desired level."

Since January, 1982, when the program officially began, the MAPAO audit team, consisting of Dupuis, Paul Boulanger (another senior safety auditor) and an area representative, has audited more than 25 companies across Ontario. On average, each audit takes the team four or five days on the company site, with another week or two to prepare a report and recommendations.

Following an audit, the company's manager receives the working copy book, a report on physical conditions, recommendations, an accident analysis covering the previous year, and back-up materials which may assist in making

On-site safety

Perwin Construction Co. Limited of Willowdale has a safety record of significance: no lost-time accidents since 1979 and no serious accident in its 35-year history, says company president and owner George Heenan.

As a whole, the construction industry across Ontario is accountable for 8.8 per cent of all lost-time claims allowed by the Workers' Compensation Board in 1981 and 20 per cent of all allowed fatal claims by year of death in that year. Of the six largest provinces in Canada, the construction industry in Ontario has the lowest number of lost-time injuries per 100 employees (for the period 1977 to 1979), according to the Report of the British Columbia Construction Industry Safety Inquiry, 1982.

Non-stop education

Perwin management attributes their record to safety education and communication on a non-stop basis. "Safety is our number one program," says Heenan, adding that "if our workers are not healthy and safe on the job, they can't do their work and we don't make a profit." As Don Grant, Perwin's contracts manager puts it, "Time lost is the most expensive time you can buy."

In the 35 years the general contracting company has been in business, it has, to date, built 107 churches in the Toronto area, among such other projects as schools, recreation centres, homes for the aged and other institutions. In 1979, there were only three lost-time accidents for 62,802 man hours — for an accident frequency rate of 47.8, compared with the rate number's (all employers in the same WCB rate group's) higher average frequency of 74.4.

"People working on the site will never thank you for your safety measures, but they appreciate it. I think productivity goes up a bit too," says Domenic Trichilo, who as project co-



A worker installs a guardrail on an upper floor of the project to prevent workers from accidental falls.

ordinator for Perwin Construction is responsible for safety on the company's construction sites. Heenan agrees, "People appreciate a good clean job—it makes their day a more productive one," not to mention safer.

Under Ontario's Occupational Health and Safety Act, 1978 and Regulations for Construction Projects, it is required (among many other items) that at least one non-management health and safety representative be selected by the workers from among workers on a project regularly involving more than 20 people. At Perwin, where approximately 70 per cent of the work on big projects is contracted out to sub-contractors, a non-management on-site representative is selected from among each sub-trade on the project involving three or more people, explains Heenan. "A worker will better listen to someone from his own company talking to him about safety than from the general contractor," he contends.

All safety representatives attend bi-weekly site meetings at which safety problems are discussed, and convey the

message back to co-workers whom they are responsible for and for whom they must accept criticism if something goes wrong. "Some of the trades might not be aware of safety standards for other trades," explains Trichilo, "and therefore might not notice when something is not up to standard."

Safety representatives must regularly inspect the construction site and must submit a bi-weekly safety report, to be signed by both the representative and his or her on-site foreman (whose responsibility is to immediately rectify any unsafe conditions). A signed safety declaration must be submitted with the monthly invoices of each sub-contractor before payment will be made, says Heenan, whose company also ensures a sub-contractor is in good standing with the Workers' Compensation Board before contracting work out. "There's nothing like hitting the guy in the pocket book to bring him to attention," he claims.

Safety measures

Other safety measures include the appointment of an on-site labour foreman, whose prime responsibility (on large projects) is to ensure that the requirements of the Occupational Health and Safety Act are met by the general contractor, all sub-contractors and any visitors to the construction site. "Sometimes people just need to be reminded," says Grant. As Trichilo explains, "When you're walking around the site and don't expect danger, that's when an accident is going to happen."

All agree that education is the key to a safe construction site, not only for the workers themselves but for foremen, supervisors and the home office as well. "The main problem," assesses Trichilo, "is in communicating with these people—in making them see we're concerned about them so that they in turn will get concerned about themselves."

Photographs were taken on the Scarborough site of a senior citizens residence and community centre being built by Perwin Construction Co. Limited.

People tend to worry about productivity more than about safety."

"No matter how good a job you do of safety, however, there are always the acts of people on the job you have to police," continues Trichilo, "and that kind of education is tough to get through to them." Among the most serious causes of accidents on construction sites, assesses Heenan, are falls (through open floors, guardrails, down elevator shafts), in addition to an array of accidents which can result from inadequate housekeeping procedures. "You've got to keep the job site clean."

In the 11 WCB rate groups which cover the construction industry in Ontario, a total of 14,313 lost-time compensation claims were allowed by the Board in 1981 alone, or 8.8 per cent of the 163,366 allowed lost-time claims for all industries in that year. In 1981, the number of allowed fatal claims by year of death in the construction industry reached 48, or 20 per cent of the 235 allowed fatal claims across Ontario industry in the same year.



Scaffolding is built right into the outer walls of the structure for secure support, then later removed.

Among safety problems particular to the construction industry, says Grant, in addition to the inherent danger involved in the work, is the fact that there are usually "a lot of people doing different jobs in a relatively small amount of space, and a lot of mobility." And with a large portion of the work often sub-contracted out, "it makes safety control more difficult." Problems may also arise in controlling safety among people who wander on to the construction site for one reason or another, be it a salesperson, a curious observer or mischievous child.

During winter months, the situation may be compounded if scaffolding and tarpaulin enclosures are not properly braced against strong seasonal winds. In addition to the usual ice and snow, fumes from gas heaters must also be kept in check.

"When people are worrying about the cold, their minds may not be on safety," says Trichilo. But as Heenan concludes, "Safety is safety in all months of the year."



Workers wear "fall arrest equipment"—a safety belt and lanyard (cord)—which is tied off to a fixed support.



Perwin Construction erected a six-foot-high security fence around the site, at a cost of \$7,000, to keep neighbourhood children and unauthorized visitors out.

Make winter work

Whether working outdoors or just getting to and from work during winter months, taking note of and practicing a few simple measures can help make your winter both healthy and safe—and all the better to enjoy.

These winter safety tips have been compiled from information available through the Industrial Accident Prevention Association, the Transportation Safety Association of Ontario, the Electrical Utilities Safety Association, the Mines Accident Prevention Association of Ontario and the Ontario Safety League.

Winter Driving

- Be thoroughly familiar with the steering characteristics of your vehicle
- Keep headlights, tail-lights, windshields and mirrors clean at all times—keep lights on low beam when driving in fog or heavy snowfall
- Stretch your following distance—winter road conditions can increase stopping distance by 3 to 12 times the normal required distance
- Be wary of warming trends—ice is twice as slippery at -1°C as it is at -12°C
- When caught in a skid, de-clutch or shift to neutral—for front-wheel skid, reduce the steering angle, and for rear-wheel skid, turn in the direction of the skid
- To stop on slippery surfaces, apply brakes gently,

but avoid locking wheels—rapid pumping of brakes will provide short intervals of braking and rolling, enabling you to maintain steering control while stopping—since different vehicles may require different techniques, however, consult your owner's manual, and practice away from traffic

- When using jumper cables, attach ground cable to the frame of the vehicle being started at least 46 centimetres (18 inches) away from the battery to avoid an explosion
- Carry winter emergency equipment in the vehicle at all times—to include flashlight and batteries, fire extinguisher, first aid kit, blanket, flares, tool kit and rope



Shoveling Snow

- If done improperly, shoveling snow can be a strain to your heart and back
- Wear multiple layers of light-weight clothing for easy movement, the top layer of which can be removed to prevent overheating
- When lifting snow with a shovel (small amounts), use

your legs and entire body, not just your arms and back

- It is healthier to shovel before eating or at least one to two hours after eating
- Avoid smoking while shoveling—it constricts the blood vessels, causing the heart and lungs to work much harder



Hypothermia

- Commonly referred to as cold exposure or cold exhaustion (cooling of the body), hypothermia may occur among those exposed to extreme cold, those inadequately dressed for cold temperatures, and those whose sensibility to the cold has been lowered (through illness, alcohol, drugs)—it can easily cause death
- Symptoms may include slowed movement, stumbling, slurred speech, confusion, drowsiness and unconsciousness
- Immediate action should be to provide warm shelter—wrap the individual in dry, warm clothing and slowly bring body heat back up to normal—direct heat should never be applied
- Medical attention should be obtained as soon as possible

Frostbite

- Cover frostbitten skin (which may appear white, feel numb) with clothing or a blanket, but never rub or apply direct heat or cold packs
- Warm frostbitten hands under armpits or between thighs
- Get person indoors as soon as possible
- Immerse affected area in cool water, never above body temperature of 37°C
- Have individual drink warm, non-alcoholic beverages
- In serious cases (frozen areas may appear white, waxy, hard to the touch), the individual should receive immediate medical attention—affected areas should not be thawed, but should be covered to protect from further cold



Lead controls in the workplace



Mr. B. Burton, M.D.
Industrial Medicine Consultant,
Workers' Compensation Board

The control of toxic substances in the workplace has, and continues to be, a source of concern. As we become increasingly aware of the potential risks of working with certain substances, measures have been taken to remove or minimize those risks.

Ontario's Occupational Health and Safety Act, 1978, provides for control of toxic substances in the work environment by "designating" them and issuing strict regulations regarding exposure limits, record-keeping, controls and health monitoring. Lead was the first such substance to be designated, and the Regulation respecting Lead was published in August, 1981.

While few mines in Ontario actually recover lead, and then only as a by-product, Ontario's capacity for secondary smelting or the recycling of lead is 45,000 tons (all from three Toronto plants), out of a total Canadian capacity of 110,000 tons. (Canada produced nine per cent of the world's lead concentrate in 1981.) From relatively few primary and secondary sources of lead in the province, however, there are a wide variety of lead users and processors—which means a great number of workers in contact with the substance.

Four hundred such companies were listed in Ontario in 1981, among them companies that produce everything from matches, storage batteries, paints, textiles and gasoline to those involved in making metal pipes, ammunition, roofing and printing type. Lead compounds are used in insecticides, pigments, glass, and in plastics and rubber compounds.

Lead is a metal which has been of use to man since ancient times—in fact, it was one of the earliest metals used. The soft bluish-gray substance is very malle-

able and ductile, and can be easily rolled into sheets, cut into shapes or extruded into pipes or containers. But it is also since its early days that the potential hazard of lead poisoning has been recognized.

In the year 370 B.C., Hippocrates described a severe attack of colic in a man who extracted metals, and was probably the first of the ancients to recognize lead as the cause. With the industrial advances of the 19th century, and the increased and widespread use of lead in manufacturing processes, lead poisoning became a serious health problem, sometimes fatal to workers handling the metal.

Fatalities eliminated

Today, lead as a cause of industrial fatality has been virtually eliminated (there is no record of any deaths from occupational lead toxicity in the province in the past 22 years), thanks to a number of advances—including government regulations, improved processes, dust and fume control, management and labour co-operation, sophisticated testing methods and regular medical surveillance of workers exposed to the substance.

Lead regulations apply to every employer and worker in Ontario workplaces "where lead is present, produced, processed, used, handled or stored and at which the worker is likely to inhale, ingest or absorb" it. These employers are required to make a written assessment of lead exposure at the worksite (or the likelihood thereof) and, where the health of the worker may be affected, must develop a lead control program.

This program must include engineer-

ing controls, practices and facilities to control exposure to lead, monitoring procedures, record-keeping for workers exposed to the substance, as well as medical examinations and clinical tests of such workers (and the appropriate medical records).

The medical surveillance program for lead, supervised by the Occupational Health and Safety Division of the Ontario Ministry of Labour, requires that workers receive pre-employment and pre-placement examinations (to include a medical history, physical exam and, most important, appropriate laboratory tests), periodic medical examinations (at intervals determined by the degree of hazard involved), clinical tests for lead levels (blood or urine monitoring as appropriate), health education and record-keeping—all at the expense of the employer, who will arrange for a physician (or the company doctor) to carry out these procedures.

Medical surveillance

According to the Ontario Ministry of Labour, there are more than 5,000 lead workers in the province under medical surveillance, some 3,000 of them involved in battery manufacturing and about 2,000 in paint-related operations. There are also a few in such other industries as soldering, welding, electroplating, casting and molding of lead.

The mere presence or use of materials in the workplace containing lead or lead compounds, however, (or in the environment for that matter) does not necessarily result in the poisoning of individuals in contact with it. Lead must first be of such form, distribution and quantity as to enter the body or tissues. It is already present in all of us,

and comes from the air we breathe and, even more, from the food and beverages we consume.

Under industrial conditions, lead can be inhaled (in vapour, fumes, mists or dust), swallowed (in dust deposits on food, tobacco, hands, or if lead compounds are trapped in the upper respiratory tract), or absorbed (certain organic compounds, like tetraethyl lead, may penetrate unbroken skin). The metal is cumulative and relatively large amounts can be stored in the bones without harm, until liberated in the bloodstream (which may occur, for example, under physiological stress, with acute illness, infection, change in diet, or increased alcohol intake). In fact, persons exposed to lead in industry (within limits), and therefore with increased amounts in their bodies, can experience continued good health for life.

Symptoms

Symptoms of lead toxicity, as seen in Ontario industry, are somewhat nonspecific, but may include headache, fatigue, malaise, loss of appetite, constipation and intestinal colic. The worker may experience nausea or diarrhea, a metallic taste in the mouth, as well as vague muscle and joint pains. In severe cases (very rare), neurological symptoms may develop.

When the lead level in a worker's blood is found to be greater than 0.60 milligrams per litre of blood (mg/L), or when the level fluctuates greatly over a period of a month or two, a physician will inquire as to his or her work practices and personal hygiene. (The blood lead level of the average non-lead worker living in an urban area is usually 0.25 to 0.30 mg/L.) If blood lead exceeds 0.70 mg/L (or if urine tests indicate it), a further test must be done immediately and, if the level is confirmed, the worker must be removed from exposure to lead. (If the level is less than this maximum, yet the worker has symptoms of toxicity, other tests may be warranted.) Women of child-bearing age are removed from exposure at a level of 0.40 mg/L.

If the company can move the worker to a risk-free job site (that is a lead-free job site), with no further signs or symptoms of toxicity, he or she can continue to work. The most common and effective form of treatment is to simply remove the worker from contact with the substance, at which time the body will gradually excrete excess amounts of lead, return to a normal level and

usually allow the individual to again work with the substance. In more serious cases of lead exposure, hospitalization may be required, and would be paid for by the Workers' Compensation Board (WCB).

If transferring a worker to a lead-free job results in a wage loss, temporary partial benefits may be paid by the WCB. If the plant cannot accommodate the worker, and he or she must lay off work, temporary total benefits will be provided by the Board.

The plant physician or attending family doctor should see the worker and check his or her blood lead level every two weeks. When the level falls below 0.50 milligrams per litre on two successive specimens, and there are no further symptoms of toxicity, the individual may return to his or her regular job.

Claims for lead toxicity have been recognized by the WCB since as early as 1915. Lead is one of the substances listed in Schedule III of the Workers' Compensation Act under "Poisoning and its Sequelae". Looking at the period from 1972 to 1981, allowed claims for lead effect showed a low of 11 claims in 1979 and two highs—57 cases in 1974 and 49 cases in 1981. The average over this period is 27.6 claims per year.

The year 1974 saw a great deal of publicity regarding lead hazard. Although Board claims doubled, more than half of these were for workers on the lead surveillance program (then under the aegis of the Ministry of Health), wherein blood lead levels exceeded desirable levels and workers were removed from lead exposure (clinical signs or symptoms were minimal or non-existent). In 1981, another "bulge" occurred, 21 of these cases from one firm that manufactured tubing for automotive air conditioners. The firm was closed for a time by the Ministry of

Labour, pending clean-up of the workplace.

Under lead regulations in Ontario, it is the responsibility of employers to "take all necessary measures and procedures" to ensure the safety of workers in contact with lead. In addition to engineering controls (like exhaust ventilation, strict housekeeping), monitoring procedures and medical surveillance, such personal protective equipment as appropriate respirators may be necessary under certain conditions.

Essential preventive measures for individuals working with lead include the provision for adequate washing and shower facilities, so that workers can wash carefully before eating or leaving for home (where dust containing lead may be transmitted to family members). Contaminated clothing and footwear should not be worn home or stored in the same locker as street clothes, and should be laundered frequently (again, not in the home). Smoking, eating and drinking should be forbidden in all but areas of the plant designated as "clean" (smoking is especially hazardous), and lunchroom facilities should be removed from lead processing areas.

Under control

Considering the number of lead workers throughout the province now exceeds 5,000, and the average number of claims annually to the WCB is 27.6, the lead hazard in Ontario industries appears well controlled at a claim incidence of 0.55 per cent. The WCB keeps a strict check on all lead toxicity claims, which are immediately reported to the Occupational Health Branch of the Ministry of Labour. If plant conditions are found to be unsatisfactory, a Ministry inspector makes recommendations, which the employer must then implement.



Hippocrates was probably the first to recognize lead as the cause of illness in workers using the metal.

Amendment highlights

Disability benefits payable by the Workers' Compensation Board, effective July 1, 1982:

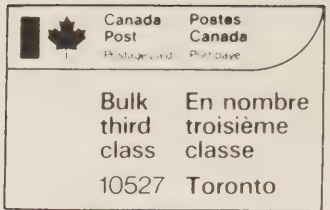
<i>Type of Benefit</i>	<i>Previous Amount</i>	<i>As Provided by the July 1, 1982 Amendment</i>	<i>Comments</i>
Ceiling on Earnings Covered	\$22,200	\$24,200	For accidents occurring on or after July 1, 1982
Compensation for Permanent Disability	— an increase of 9% effective July 1, 1980 and — an increase of 10% effective July 1, 1981	— an increase of 9% effective July 1, 1982	For accidents occurring on or before June 30, 1982
Compensation for Permanent Total Disability	75% of earnings with — minimum \$686 a month — maximum \$1,387.50 a month effective July 1, 1981	75% of earnings with: — minimum \$748 a month, effective July 1, 1982 — maximum \$1,512.50 a month, effective July 1, 1982	Payment for permanent partial disability is proportionate.
Compensation for Temporary Total Disability	75% of earnings, — minimum \$156 a week or earnings if less — maximum \$320.19 a week	75% of earnings for period of disability — minimum \$170 a week or earnings if less — maximum \$349.04 a week	For accidents occurring on or after July 1, 1982
Temporary Disability Benefits	— workers not working and receiving temporary disability benefits continuously for 12 months receive a 10% increase in the compensation rate being paid; after 24 continuous months, an additional 10% increase in the rate is paid	— workers not working and receiving temporary disability benefits continuously receive adjustments in the compensation rate as follows: • after 12 continuous months: 10% • after 24 continuous months: 10% • after 36 continuous months: 9%	Payable after 36 consecutive months on or after July 1, 1982
Fatal Benefits: — Immediate lump sum — Funeral Cost	\$1,200 \$1,200	\$1,300 \$1,300	For death occurring on or after July 1, 1982
Compensation for Dependant Spouse	\$492	\$537 effective July 1, 1982	
Dependant Children	\$136 per month until age 16 or beyond for education at Board discretion	\$149 effective July 1, 1982	
Dependant Orphans	\$153 a month to age 16 or beyond for education at Board discretion	\$167 effective July 1, 1982	
Other Dependants	Financial loss as determined by the Board but not exceeding \$492 a month	Financial loss as determined by the Board but not exceeding \$537 a month effective July 1, 1982	
Clothing Allowance under Section 52(3)(b) — lower limb prosthesis or a back brace for a permanent back disability or a permanent leg brace or if confined to a wheelchair — for an upper limb prosthesis	\$290 per annum \$145 per annum	\$316 per annum effective July 1, 1982 \$158 per annum effective July 1, 1982	



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There's more to Workers' Compensation services than payments and treatments for claimants. Some of our other services are listed here.

Industrial Back Education Program

Our staff will give seminars to your employees detailing how they can avoid painful and costly back injuries.

Seminars and Workshop Services

WCB staff will speak with you or your employees about any aspect of the Board so we can work better, together.

Speakers Bureau

Members of our staff would be happy to present a speech at your next meeting or gathering on any aspect of the WCB.

Employment Services

We might have just the right person for your employment needs - a rehabilitated, injured worker. We offer an incentive package to make this an even more inviting proposition. Employment Services can tell you more about the program.

Serving you better

At the Workers' Compensation Board, we're constantly searching for ways to serve you better. These are just a few of the services we've designed to keep you up to date and one step ahead of on-the-job accidents and disability. For more information about the Board, please feel free to contact: The Communications Division,
Workers' Compensation Board, 2 Bloor
Street East, Toronto M4W 3C3.



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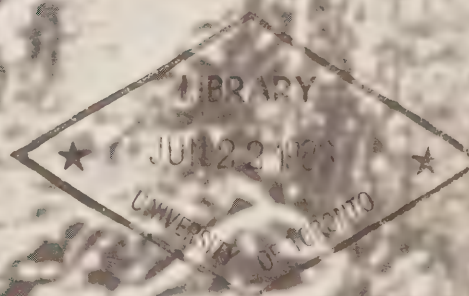
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Spring 1983

ASBESTOS

A history of concern



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Our cover story

3 Concern for the potential danger of asbestos to the health of the province's workers is shared by the Workers' Compensation Board, which compensates workers for asbestos-related diseases.

Happy Birthday St. John

6 Test your knowledge of a national voluntary agency which is celebrating its 100th birthday in Canada.

The search continues

9 Finding a job these days may not be easy, but employment specialists at the Workers' Compensation Board are not deterred. The search continues—on behalf of rehabilitated, job-ready workers.

Short Takes

10 Research grants, designated substances and student coverage are among brief news items in this issue.

WCB Report

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Claims down, benefits awarded up

First-time claims reported to the Workers' Compensation Board were down in 1982 but there was a sharp rise in the benefits paid to injured workers, according to year-end reports by the Board's Policy Planning Secretariat.

The Board received 349,747 new claims in 1982, compared with 415,044 in 1981—a decrease of 15.7 per cent. This volume of new claims was the lowest since 1964, when 318,331 new claims were received.

Despite the decrease in claims, total benefits awarded with respect to work-related accidents reached an estimated \$775.7 million in 1982. This is 25.1 per cent higher than the \$619.8 million awarded in 1981.

The major reason given for the decrease in new claims was the economic climate in the province last year, which caused a notable decline in blue-collar employment. Safety education efforts and accident prevention programs of the safety associations, employers, unions and the Ministry of Labour may also have contributed to the lower volume of industrial accidents.

The Board's regional operations in London and Sudbury reported new claims volumes well below 1981 levels, with Sudbury experiencing a sharper decline than London. In 1982, Sudbury received 17,145 claims, a drop of 29.2 per cent from the 1981 volume of 24,208 new claims; London recorded 18,888 new claims in 1982, down 24.3 per cent from 24,943 in 1981.

Dominant industries in both areas—automotive and automotive supply in London and mining and ore processing in Sudbury—are experiencing considerable layoffs, which have resulted in fewer new claims.

The increase in total benefit outlays is due primarily to a substantial rise in compensation benefits and a moderate increase in medical aid payments related to the treatment of injured workers.

There are several reasons for the substantial rise in 1982 benefit awards. Foremost were the higher benefit levels to injured workers legislated in July, 1981.

Secondly, wages and salaries in Ontario continued to grow in 1982, providing higher earnings bases, which determine benefits to injured workers. Benefits are calculated on 75 per cent of gross earnings up to a legislated earnings ceiling.

As well, a larger number of permanent disability awards were processed in 1982 than in 1981. This, coupled with higher benefit levels and earnings bases, produced a significant increase in permanent disability benefits.

Medical aid benefits increased moderately last year due to the higher fees and tariffs charged by treating agencies.

All data was prepared by the Board's Policy Planning Secretariat earlier this year. The Secretariat was established in 1982 and is responsible for policy research and policy planning and development for the Workers' Compensation Board. The Secretariat also directs the Board's program planning and project analyses and related statistical activities.▲

Asbestos and health —a history of concern

by Boyd Neil

Asbestosis and asbestos-related cancers have recently been the focus of public attention. Asbestos fibres inhaled by workers have been linked to cancers of the lungs, gastro-intestinal tract, larynx, and a rare type of cancer known as mesothelioma. Asbestosis itself refers to a particular lung disease caused by the inhalation of asbestos dust.

Concern for the potential danger of asbestos to the health of the province's workers prompted the Ontario government, in June, 1980, to appoint Stefan Dupré to head a Royal Commission into the study of asbestos hazards. While waiting for the Commission's report, the Ontario Ministry of Labour has already earmarked asbestos a "designated substance", which imposes strict regulations on its use and on those who work with it.

In announcing the designation, Labour Minister Russell Ramsay said, "I have maintained the position that asbestos regulation is an urgent matter, and for this reason we are proceeding with our standard."

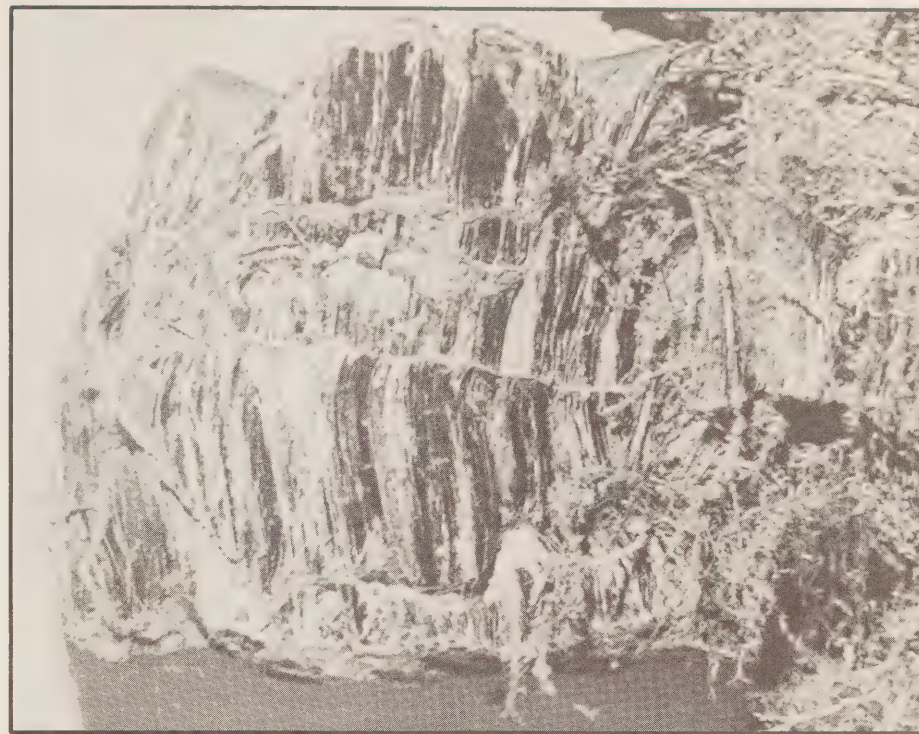
More recently, law suits in the United States (where workers and employers do not enjoy the comprehensive no-fault compensation system available in Ontario) concerning asbestosis brought against Bendix Automotive of Canada Ltd. and Johns-Manville Co. Ltd. have attracted the attention of the Canadian media and public.

Fatal consequences

All represent a record of concern for a disease which can have fatal consequences. Reports of the deaths of workers unknowingly exposed to asbestos dust very early in their working lives continue to tug on the public's heartstrings.

Partly, too, people have perhaps felt betrayed by what was once hailed as a miracle fibre because of its stability — asbestos does not conduct heat, noise or electricity. For many, the discovery that this fibre is carcinogenic undoubtedly came as a shock.

Whatever the reason for concern, it is not misplaced. Workers can be exposed to asbestos whether they work in an asbestos mine, asbestos processing or any secondary manufacturing which



Our cover shot is a photo enlargement of asbestos ore—asbestos in its natural state.

uses the fibre. Claims to the Workers' Compensation Board for asbestos-related cancers have been accepted for workers who have had significant exposure to it even though they may not have shown symptoms of asbestosis. These have included people who construct drywall, fit pipes, manufacture brake linings and work in shipyards, as well as people who work in the processing and insulation trades.

The asbestosis and asbestos-related cancers we see today "are found in people who have been exposed in the past but probably are not exposed now," says Dr. Charles Stewart, chest disease consultant with the Workers' Compensation Board. These diseases are usually the result of prolonged exposure to large quantities of asbestos dust, so they appear primarily in older workers. Asbestosis and asbestos-related cancers can be contracted through the inhalation and ingestion of asbestos fibres, usually in the form of dust. The diseases may be progressive and, in many cases, are fatal.

Conditions in industries using asbestos have improved significantly over

the last 30 to 40 years. As evidence, Stewart cites changing conditions at Toronto's now-closed Johns-Manville plant. "By 1976, they had reduced their asbestos levels by anywhere from 10 to 100 times the levels present in the 1950s and 1960s." Unfortunately, this is little consolation to the workers who now suffer from the disease and are receiving compensation through the Board.

The Workers' Compensation Board has recognized asbestos as a factor in industrial disease since 1942, the year the first claim for asbestosis was allowed. Between 1942 and 1981, the Board allowed 285 claims for asbestosis and mesothelioma and paid death benefits to surviving family members in 126 claims for these two diseases. By 1980, the Board had also allowed a total of 112 claims for asbestos-related cancers; more specifically, 53 for lung cancer, 48 for mesothelioma, seven for gastro-intestinal cancer and four for laryngeal cancer.

The number of new asbestosis claims in 1982 declined to 12 from 15 the previous year. In fact, for the last three years, the number of cases of asbestosis

Courtesy G.S. Rajhans



Warning signs spell out the danger.

has remained relatively constant.

A turning point in the Board's adjudication of asbestos claims came in 1976, when it established guidelines for assessing the relationship of work to the appearance of specific asbestos-related diseases.

For asbestosis, the Board recognizes two factors as crucial in assessing a claim: the first is that there be "a clear and adequate history of occupational exposure to asbestos", and the second, that there be "a diagnosis of frank asbestosis."

The guidelines which have been developed are subject to the principle that claims be individually judged on their own merits with regard to the intensity of exposure and other factors peculiar to the individual case. The Board gives the benefit of doubt to the worker.

History of exposure

For mesothelioma, there are two factors in deciding a claim—namely, that there be a clear and adequate history of at least 10 years of occupational exposure to asbestos, and that there has been at least 15 years between first exposure to asbestos and the appearance of mesothelioma (the time it takes for the disease to develop).

Lung cancer claims are favourably considered when there is a clear and adequate history of at least 10 years of occupational exposure to asbestos, with a minimum interval of 10 years between

first exposure to asbestos and the appearance of lung cancer.

Five months after the Board established these guidelines, it added those for gastro-intestinal cancer, which appears as primary tumours in the esophagus, stomach, small bowel, colon and rectum. The guidelines require that there be a clear and adequate history of exposure to asbestos, and that the exposure be "of a continuous and repetitive nature and should represent or be a manifestation of the major component of the occupational activity." The latency period for gastro-intestinal cancers has been medically determined to be 20 years. With this cancer, there is the additional proviso that no distinction is given to the specific site of the cancer for purposes of assessing the claim.

The most recent guidelines for an asbestos-related disease—laryngeal cancer—were set in 1978. Incidence of exposure is expressed in the same terms as for the other cancers, but with the addition that the cumulative exposure be not less than 10 years. The latency period is 20 years.

"Asbestosis is difficult to diagnose, more difficult than silicosis for example," says Stewart. "It involves scarring in the lungs, but that scarring is not specific to asbestosis. You can see similar kinds of interstitial scarring in other diseases. Since there are at least 60 fairly well-known diseases which

manifest lung changes, it is not possible just by looking at a chest x-ray to say that someone has asbestosis." The Board uses the findings of pulmonary function tests and clinical findings of the patient to assist in arriving at the diagnosis.

Until the last five or 10 years, it has also been difficult to determine the intensity of a worker's exposure to asbestos. Available information about levels of exposure in Ontario industry does not by any means match our knowledge of, for example, silicosis exposure in mines. On the one hand, industry has been aware for a long time of how to control asbestos dust—through wetting asbestos as it is processed, by installing proper vacuum collection devices and through the use of face masks by people working with the fibre. On the other hand, dust count measurements, by and large, were not kept until some years ago.

Acceptable levels

This means it is sometimes difficult, but not impossible, to determine the specific level of exposure to asbestos which will result in an occupational disease. There is also disagreement among physicians, occupational health and safety groups and trade unionists about acceptable exposure levels.

Witness comments at a world symposium on asbestos by Elmer Chatak of the AFL/CIO: "We consider the choice of two fibres per cubic centimetre (c.c.) (as an acceptable level of risk) represents a decision based on economic consideration only. The OSHA 0.5 fibre per c.c. proposal was based on the lowest feasibility limit. We know perfectly well it is feasible. We will not accept the so-called acceptable risk factor. The only risk which is acceptable is that which cannot be lowered further for engineering reasons."

Ontario Ministry of Labour regulations specify allowable exposure levels based on a 40-hour time-weighted average. For chrysotile, it is 0.2 fibres per cubic centimetre; for amosite, 0.5 fibres per c.c.; and for all other types of asbestos, 1.0 fibres per cubic centimetre. The maximum allowed above the average is 1.0 per c.c., 2.5 and 5.0 respectively.

It is also difficult to determine whether a worker who has cancer, and has had some exposure to asbestos, has had sufficient exposure to cause the cancer, and thus entitle him or her to an award from the Workers' Compensation Board.

Says Stewart, "There is no formula that you can use to pinpoint which claims will be allowed and which will not. We have to see changes in the x-ray picture and breathing tests. We have to know whether the industry has had incidence of asbestosis or asbestos-related cancers before and whether exposure is potential rather than manifest."

In order to identify early potential changes which might suggest a pre-asbestosis condition, the Board developed what it calls the asbestos fibre dust effect criteria. There has been a great deal of public misconception about asbestos fibre dust effect.

Criteria developed

According to Dr. William McCracken, executive director of the Board's Medical Services Division, "The Board developed the asbestos fibre dust effect in an attempt to approach asbestosis in a manner similar to silicosis. With silicosis, we had noted for many years that it was possible to see x-ray and clinical changes in workers exposed to silicas but that these changes did not represent silicosis, only the possibility—and I stress possibility—of future silicosis. Until we did, no one had been able to develop similar criteria for asbestosis."

Adds Stewart, "Asbestos fibre dust effect is simply the statement that there is a change in a worker's x-ray picture. It is a description of a radiological change, a statement that, in a particular situation, there is a grey area in definition. These changes can occur in many people, but in some it will lead to asbestosis. And there will be no other visible changes, no change in the normal pulmonary studies and no work impairment—only the possibility that there might be a change."

Because dealing with asbestosis and asbestos-related diseases is complex, Board physicians will, when necessary, seek advice from a special outside committee of expert chest specialists which operates at the request of the Board. As its name implies, the Advisory Committee on Occupational Chest Diseases (ACODC) advises the Board on specific claims involving any scarring effect on the lungs or asbestosis.

University of Connecticut Professor Peter Barth, in his 1982 report to The Royal Commission on Matters of Health and Safety Arising from the Use of Asbestos in Ontario (entitled "Workers' Compensation and Asbestos in Ontario"), described the committee's role

this way: "The ACODC must make two critical decisions as well as some lesser ones. First, the ACODC must decide if the claimant suffers from asbestos (or other work-related) disease. This question has essentially two parts: Does the individual show evidence of some form of chest disease and are the symptoms and exposure history consistent with asbestos-related disease?"

Based on evidence of the worker's exposure to asbestos, x-ray results and results of pulmonary function tests, the committee will decide whether the worker has an asbestos-related disease. If the worker does have the disease, then the committee will assess his or her level of impairment. These recommendations will then be forwarded to the Board, which will make the final decision on the claim. (Any adverse decision can be appealed.)

One of the most serious problems in dealing with asbestos is that workers frequently don't realize they may have been exposed. Stewart tells the story of receiving a phone call from a young man employed in tearing down old insulation from pipes. After a number of weeks, someone mentioned to him that there might be an asbestos dust problem, so he phoned Stewart to find out what could be done. Even that call may have been too late, but at least someone on the job was aware that asbestos is a potential hazard in demolition work. The solution is, of course, in educating workers and employers to the hazards of asbestos wherever it is found.

The Workers' Compensation Board has the responsibility for adjudicating claims involving complex, co-dependent physical and environmental factors. As with all its claims decisions, the Board

strives to deal with these in a fair and equitable manner, and with concern for the health and well-being of the province's workers.

The Ontario Legislature awaits the recommendations of the Dupré Commission regarding asbestos in the workplace and the Workers' Compensation Board's role in compensating workers and their dependants for asbestos-related diseases.

In his report to the Commission, Barth noted that he put "some emphasis on (Board) practices that could be improved upon or at least reviewed." But Barth himself concludes that the Board "confronts an enormously complicated task in its treatment of asbestos disease cases, and that agency has grappled with it conscientiously and fairly."

Since this article was written, Harvard law professor Paul Weiler submitted the second phase of his three-part study into workers' compensation to Ontario Minister of Labour Russell Ramsay. A large part of Weiler's report, entitled "Protecting the Worker from Disability: Challenges for the Eighties", deals with the Workers' Compensation Board's role in compensating for industrial disease.

While Weiler says the Ontario Board is the best system in North America in compensating workers for industrial disease, he suggests the Board broaden its approach in this area. The Workers' Compensation Board is studying Weiler's report with a view to providing the best possible care for those workers in the province suffering from industrial disease.

Watch for more on this in future issues of *WCB Report*. *Editor*

Asbestos In The Workplace: a series of practical guidebooks is the title of nine handbooks published by the Council of Safety Associations. Designed to provide background information about asbestos to health and safety committee members, supervisors, workers and managers, the series looks at health effects, uses and controls. Topics covered are those of principal concern in Ontario today.

Guidebooks currently in the series are: General Information—Health Effects, Uses and Principles of Control (No. 1); Understanding and Inspecting a Ventilation System (No. 2); Cleaning and Waste Disposal (No. 3); Personal

Hygiene and Personal Protective Equipment (No. 4); Handling Raw Fibre (No. 5); Handling Asbestos Products (No. 6); Handling Friction Materials (No. 7); Evaluation and Control of Insulation and Pipe Lagging (No. 8); Encapsulation and Removal (No. 9).

Member firms of the safety associations may order these guidebooks from their respective associations. Non-member firms and individuals may order them through a safety association (\$1 per copy, payment must accompany order) or from the Council of Safety Associations, 2 Bloor St. East, Toronto, Ontario M4W 3C3.▲

St. John Ambulance: 100 years of service

by Janis Poppenk

You see them on the sidelines at major sporting events and other public gatherings—they're ready. And you recall how they once instructed you in first aid procedures—they want you to be ready too.

St. John Ambulance has been providing emergency and other assistance to people in need, as well as teaching first aid, for 100 years in Canada. This year marks the 100th anniversary of St. John's important beginnings.

Test your knowledge of a national voluntary agency which has a long and distinguished history of public service—an agency which has made valuable contributions to the health and well-being of Canadians both at work and at leisure.

Q. Where was the earliest recorded first aid class in Canada held?

A. In the winter of 1882-1883, a dozen men gathered in Quebec City to hear a prominent doctor speak about first aid. The first class in Ontario was held at the Royal Military College in Kingston in 1884.

Q. Define first aid and list its three objectives.

A. First aid is the emergency care of the injured or suddenly-ill person, given at the scene of the emergency and using readily available materials. The objectives of first aid are to preserve life, prevent the injury or illness from becoming worse, and promote recovery. By contrast, medical aid is the professional treatment given by or under the supervision of a physician at a medical facility, or in transit to such a facility.

Q. How many people in Canada has St. John Ambulance trained, both in first aid and health care?

A. In 100 years, St. John has issued more than 5.6 million certificates. Volunteers (currently numbering 14,000 in the uniformed Brigade and 10-12,000 non-uniformed active volunteers) have helped more than three million Canadians in a variety of ways, from comforting a child to bandaging a blister to saving a life. The Workers' Compensation Board, in 1982 alone, paid for the province-wide training of 20,000 employees in standard first aid and 300 employees in emergency first aid instruction.

Q. What is the emblem of St. John and where did it originate?

A. In recognition of a special contribution by the Republic of Amalfi to the annals of the Order of St. John in the 11th century, the Benedictine monks adopted the Amalfi badge—an eight-point white cross on a background of black—as their emblem. The four arms of the cross symbolize the cardinal virtues (Prudence, Temperance, Justice and Fortitude) and the eight points represent the Beatitudes which spring from the practice of these virtues. The colour white symbolizes the purity of life required in those who fight for the defense of the Christian Faith and live for the service of the poor and the suffering.



Q. What do Jerusalem, Margat, Acre, Cyprus, Rhodes, Malta and Valetta have in common?

A. Each of these places, at various times, was the home of the St. John Order, dedicated to the alleviation of suffering and the defense of Christendom since the time of the Crusades.

Q. What is the full title of the parent Order of St. John?

A. The Grand Priory of the Most Venerable Order of the Hospital of St. John of Jerusalem.

Q. What are the three foundations of the Order?

A. St. John Ambulance Association, St. John Ambulance Brigade, St. John Ophthalmic Hospital in Jerusalem.

Q. When did women enter the ranks of service in Ontario?

A. Women have taken St. John training from its start, but not with men until 1918. Before that time, separate classes and special duties for women revolved around home nursing. Women didn't work in the Brigades either—Ontario's first women Brigade members formed the Toronto Nursing Division in 1912. In two world wars, hundreds of St. John women served at home and overseas as nurses' aides in the Voluntary Aid Detachment trained by St. John. At the end of World War One, the women of St. John nursed thousands of stricken families back to health during an epidemic of influenza in Canada.

Q. When did the Ontario Workers' Compensation Board recognize the need for first aid training in industry?

A. In 1917, the Workers' Compensation Board adopted regulations which made it compulsory for all establishments in Ontario with 15 or more employees to

supply first aid equipment. Factories or workshops with 300 or more employees were required to provide a first aid room with beds and equipment, attended by a doctor or a graduate in first aid. Similar regulations were put into effect by other Boards across Canada during the 1920s. To help Ontario's employers meet these requirements, the Workers' Compensation Board began to pay the cost of St. John first aid training in 1966.

Q. What were the FACTS projects?

A. The FACTS (First Aid Community Training for Safety) projects were two controlled safety research projects, conducted by York University, to test the theory that extensive first aid training can lower the accident rate in a community and/or industry. The study was co-sponsored by the St. John Ambulance Ontario Council and the Workers' Compensation Board of Ontario, with active involvement by the Industrial Accident Prevention Association. Orillia was the test site of the FACTS I community-wide project (1970-1972). The FACTS II industry-only project was conducted in Cambridge and Guelph (1973-1974).

Q. What were the findings of the FACTS projects?

A. These projects found an association between reduced accident rates and first aid training: First aid-trained employees have fewer accidents than those without training. A 20 to 30 per cent reduction in on-the-job accidents was found in companies where first aid training was combined with an effective safety program.

Q. What is LIFE?

A. LIFE (Learn Industrial First Aid Effectively) is a program of safety-oriented first aid training for industry, and an offshoot of FACTS. St. John saturation training is conducted in the workplace by in-plant instructors, with an emphasis on plant safety procedures and accident areas.

Q. How often must first aid certificates be renewed?

A. St. John Ambulance first aid certificates are valid for three years, becoming void on December 31 of the third year. To renew the certificate, the appropriate first aid course must be taken again.

Q. Name the Canadian disaster depicted in this photograph and the year it took place.



Courtesy St. John Ambulance

A. The cruise ship Noronic, sister ship of the Harmonic, was destroyed by fire while berthed at the Toronto waterfront on September 17, 1949. It was the ship's last scheduled holiday cruise of the season and, of the 517 passengers (most of them Americans) and 173 crew members aboard, 121 lost their lives. The humanitarian service rendered in the aftermath of the disaster by more than 200 members of the Toronto Corps of the Brigade was acclaimed throughout Canada and the United States.

First aid at work

First aid programs contribute both directly and indirectly to reducing the incidence of accidents—on and off the job—and to minimizing the consequences of injury. The scope of a first aid program will vary with the type of industry and number of employees. Other determinants of the optimum level of training include management policy, the amount of risk involved, the distribution of workers, shift-work patterns, physical aspects of the plant and the level of local emergency services.

Check your federal or provincial first aid regulations to identify the minimum legal requirements that apply to you and your organization.

Employers with more than five workers on one shift at a place of employment must have employees qualified in the Standard First Aid course. Employers with five or fewer workers on any shift at a place of employment are required to have employees trained in the Emergency First Aid course.

Employees selected by their companies to be trained to meet First Aid

Regulation 950 of The Workers' Compensation Act, and who successfully complete the appropriate first aid course, have their training agency fees paid by the Workers' Compensation Board. The Board must authorize **in advance** the number of employees to be trained.

Advance approval can be obtained by completing and forwarding to the Board Form 0442—Payment Approval for First Aid Training. The Board will pay for up to two candidates per shift per first aid station.

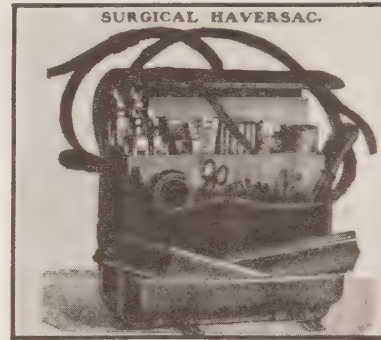
The Workers' Compensation Board recognizes certificates for use in industry from St. John Ambulance, Emergency Care Instruction Services, Red Cross and Canadian Ski Patrol, but makes funds available for courses from the first two organizations only.

For more information, contact Brian Stockton, Co-ordinator, First Aid Program, Safety Education Division, Workers' Compensation Board, 2 Bloor St. East, Toronto, Ontario M4W 3C3 (416) 965-1797.

Courses used in industry:

St. John Ambulance offers a variety of first aid and health care courses. Of these, the courses used most frequently in industry are:

- Advanced First Aid—for first aid attendants, where required by regulations.
- Standard First Aid—safety-oriented for company first-aiders, where this level is required by regulations.
- Emergency First Aid—safety-oriented for company first-aiders, where required by regulations, and suitable for saturation training.
- Cardiopulmonary Resuscitation—as required in high-risk industries.
- St. John Ambulance Instructor's Course—for selected employees who will conduct training in their companies.
- First Aid Video Updates—a series of videotapes, each on a particular topic of first aid, designed for use as continuation training material in conjunction with safety training.



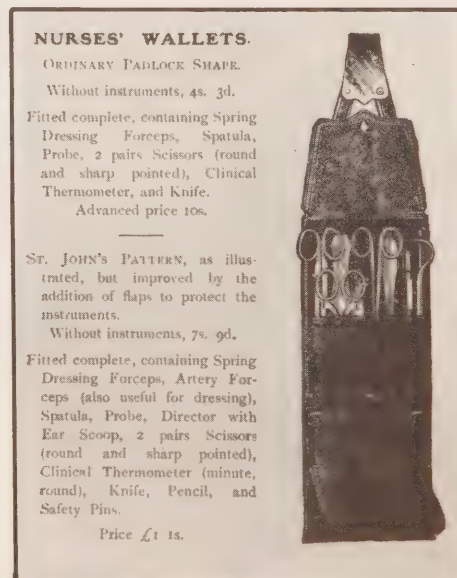
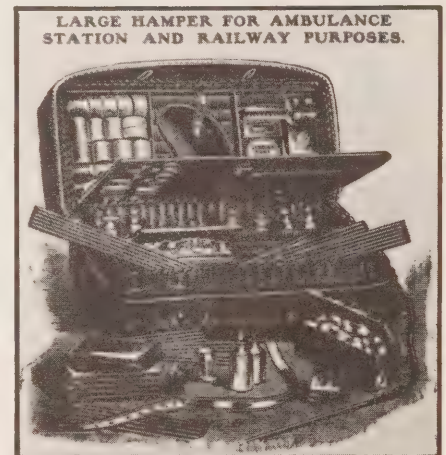
'Way back when?



A 1908 first aid handbook entitled *Aid to the Injured* takes you back into a world of horse-drawn vehicles, long waits for someone to fetch the doctor and such important instructions as what to do when a woman's skirt catches fire.

An excerpt taken from a chapter "for females only" on how to prepare a room for an accident victim counsels the person who goes for the doctor to be sure to tell him what type of accident occurred so that he can bring the right equipment. It advises that a fire be built in the room, even if it is summer, and that if poultices are required, you be sure to have on hand "boiling water, linseed-meal, mustard, a loaf of stale bread, a small basin, a large spoon, sweet oil, and two flannels or handkerchiefs."

Such advice illustrates how first aid has always reflected the times—and just how much times have changed.▲



Backing a Comeback

-it's a full-time job

Finding a job these days is something like finding the proverbial needle in a haystack. Yet for the Workers' Compensation Board's employment specialists—a hard-working group associated with the Vocational Rehabilitation Division—the search for jobs for rehabilitated workers continues simply because the need is there.

And so, it seems, are the jobs. Not many, but some—each one of them important as a potential placement for a job-ready worker.

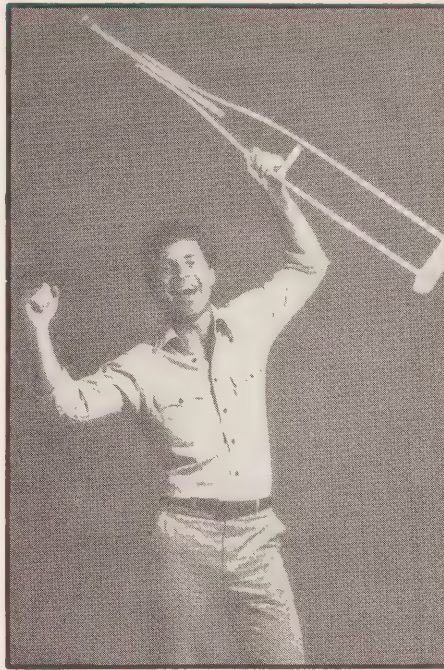
The search for jobs for these workers has been relatively successful throughout the five-year history of the Board's employment program. Last year—not exactly a block-buster on the employment scene—more than 3,700 job vacancies were unearthed in the ongoing province-wide search; 1,300 of them were filled by qualified rehabilitated workers.

The Board's continuing "search-and-fill" program got a boost early in 1983 when 10 employment specialists took part in a week-long campaign in the area stretching eastward from Scarborough to Bowmanville.

The campaign, or employment "blitz" as it is popularly known, was directed by the Board's administrator of employment services, George Jones, who set up headquarters in a Scarborough hotel. The "war room" was equipped with detailed maps of the area, notebooks filled with standard job descriptions, lists of employers, stacks of résumés for rehabilitated workers, and lots of telephones. The object of the exercise was to scour the entire area for job openings, then consult the lists of job-ready workers and put the two together.

"It sounds really simple," says Jones, who is a veteran blitz organizer. "But it takes determination, resilience, marketing skills and, above all, the drive you get from knowing that job-ready people are counting on you to come up with something for them."

The Board began organizing the campaign early: letters of introduction were sent to employers in the area, newspaper advertising inundated communities, civic proclamations in honour of



"Hire a Rehabilitated Worker Week" were pronounced from municipal chambers, speeches were made, and public notices were read aloud at various meetings. "We did what we could to notify as many people as possible about the blitz," concludes Jones.

The 10 employment specialists, well-trained for the task and busily doing their homework for the campaign, viewed the promotion from a more personal vantage point: Anything that would help take the chill out of an otherwise cold, out-of-the-blue call on a potential employer received their approval.

Frank Kaufman, president of Parabola Electronics Incorporated in Scarborough, was one of several employers whose reception was anything but cold.

"It's an excellent program and I've used it a number of times," he confirms. "In fact, when any job vacancies occur, I call the Board first. Next week you're sending two more workers out to me."

A feature of the program employers find particularly valuable is the four-week no-obligation assessment period, "which gives both the worker and the supervisor time to find out if it's going to work out," explains Kaufman (the

Board will pay the worker's wages during this assessment period). "Combined with the Board's temporary wage subsidization until the worker reaches full productivity (if subsequent on-the-job training is required), this makes the program attractive to smaller firms in which resources are quite limited."

Should the worker happen to suffer an extension of his or her original disability through a minor accident while at work, or has an accident during a Board-sponsored on-the-job training program, full compensation costs would be charged to the Board's Second Injury and Enhancement Fund, not to the new employer.

Frank Kaufman may not be typical of the employers visited during the campaign, but as Jones says, "he's certainly not alone. There are a lot of people who know about our program, who have tried it, and are satisfied second-time and third-time participants."

The employer who hires a rehabilitated worker is getting a well-motivated, mature individual with a lot to contribute. He or she has an employment history, was at work until injured, is skilled and may need no further training. Because of a disability, the individual may be even more motivated to prove him or herself capable of doing the job well.

At the end of the hard-fought campaign, Jones and his crew tallied up the week's results: 537 employers visited, 61 job opportunities found and, as of the following Monday, 10 rehabilitated workers starting new jobs, with more vacancies to be filled in the days to follow—and more blitzes scheduled for the months ahead, each in a different part of the province.

"Talk about your needle in a haystack," says Jones. "But we're doing alright—considering."

For more information about the Board's employment services campaign and hiring a rehabilitated worker, contact the Employment Services Section, Workers' Compensation Board, 2 Bloor St. East, Toronto, Ontario M4W 3C3 (416) 963-0711.▲

WCB Report article wins Safety Writing Award

"Traffic safety at the crossroads: Can we put the brakes on accidents?", an article which appeared in the Spring 1982 issue of *WCB Report*, recently won its writer the first runner-up award in the Ontario Safety League's Safety Writing Awards for 1982.

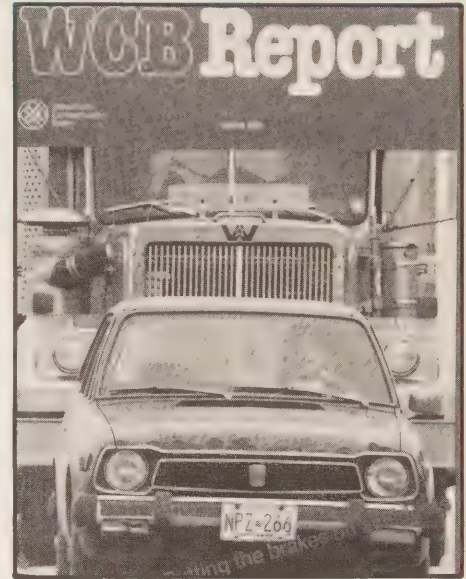
Richard Murzin, of the Communications Division at the Workers' Compensation Board, won the award for his in-depth look at the problems—and possible solutions—in curbing the staggering number of accidents and deaths on our roads each year.

The Safety Writing Awards, sponsored by the Ontario Safety League, were created in 1981 to encourage articles which instill an attitude of

safety awareness in the daily lives of the publication's readers. Articles and/or editorials by more than 100 writers on newspapers, magazines and other publications across Ontario were entered in the contest.

First prize went to *Toronto Sun* columnist John Downing, for two columns he wrote on the use of child restraint seats in automobiles. Awards were presented at the Ontario Safety League's annual meeting in Toronto.

For copies of "Traffic safety at the crossroads:" contact the Workers' Compensation Board, Communications Division, 2 Bloor St. East, Toronto, Ontario M4W 3C3 (416) 965-8722.



Xth World Congress a first for Canada

Ottawa-Hull was the site of an important first for Canada from May 8th to 13th. An estimated 1,500 experts in the field of occupational health and safety from Canada and approximately 75 countries around the world converged on the area for the first-ever World Congress on the Prevention of Occupational Accidents and Diseases to be held outside Europe.

"New Horizons in Occupational Safety and Health" was the theme of the Xth World Congress (a triennial event), hosted by the Canadian Centre for Occupational Health and Safety—an indication of the world-wide respect this Centre has gained. The Centre hosted the Congress in co-operation with the International Social Security Association (a non-governmental organization with member institutions in some 117 countries) and the International Labour Office.

Technical and scientific papers from around the world were presented on a great variety of subjects, and in four official languages. Principal speakers came from Canada, India, Spain, the United States, Burundi, Czechoslovakia, U.S.S.R., Brazil and Sweden.

Items on the main agenda included emerging health hazards, preventive engineering and improved protective equipment, in the context of research and development for the 1980s—as well



as the essentials of progressive policies and of user-oriented information services. Special meetings were devoted to health and safety risks in the agriculture, construction, chemical and mining industries, among others. Subjects ranging from stress to video display terminals were also discussed during the Congress.

Among the approximately 1,500 participants were representatives from industry, unions, business, compensation boards and insurance companies, governments, the medical and legal professions, national and international associations, and a variety of health and safety professionals.

Lincoln Alexander, Chairman of the Ontario Workers' Compensation Board, addressed the Congress on the subject of compensation and work safety for Ontario farm workers.

The XIth World Congress will be held in Sweden in 1986.

Work education students covered

Secondary students across Ontario involved in Ministry of Education-sponsored work education programs are now guaranteed full coverage under The Workers' Compensation Act should they experience an accident while at the job station.

Under an amendment to The Education Act, the Ministry of Education will be considered the employer of these students during any work period in which they are not covered by the training organization. Secondary school boards throughout the province have been required to ensure that all students in this program are covered by the Workers' Compensation Board by September 1, 1983.

For assessment purposes, students will be deemed to be earning wages at a minimum wage rate per hour. The Ministry will pay workers' compensation premiums based on the number of hours students are involved in the program.

At least 18,000 secondary school students in Ontario participate in either the work experience or co-operative education program—collectively known as work education programs. As part of their course requirements, students spend time working for and learning from employers, usually without wages, because the emphasis is on educational experience rather than productivity.

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Designation of substances

The Ontario Ministry of Labour is currently reviewing comments received from interested parties concerning the possible designation of eight more substances under The Occupational Health and Safety Act, 1978. Decisions with respect to designation are pending.

If "designated" under the Act, exposure to these substances—cadmium, chromium, ethylene oxide, styrene, acrylonitrile, arsenic, benzene, and formaldehyde—would be either "prohibited, regulated, restricted, limited or controlled" in the workplace.

Five substances—lead, mercury, vinyl chloride, coke oven emissions, and asbestos—have already been designated, and regulations are expected soon with respect to isocyanates and silica. An expert committee will be reporting to the Minister of Labour during the summer on the technical aspects of designating noise.

Occupational back problems prompt research grants

Grants of up to \$10,000 are available through the Ontario Task Force on Backs for studies and research into the reduction of occupational back problems in industry.

The Task Force on Backs, established by the Council of Safety Associations to address occupational back problems in Ontario, will undertake the necessary studies and research, with the ultimate goal to providing a program or programs that will curb this serious problem. Back problems have a significant impact on industry, resulting in human suffering, substantial costs and lost productivity.

The grants are not intended to fund programs, people or equipment, but have been designed to aid the collection of data on the effectiveness of different approaches in reducing occupational back problems. Possible areas

of study include pre-employment assessments, fitness, education, job design and ergonomics.

Preference will be given to studies with general application to a significant portion of the workforce. Applicants must demonstrate that good research principles will be used. Up to \$10,000 in funding can be obtained for 1983, with further grants possible in subsequent years upon re-application.

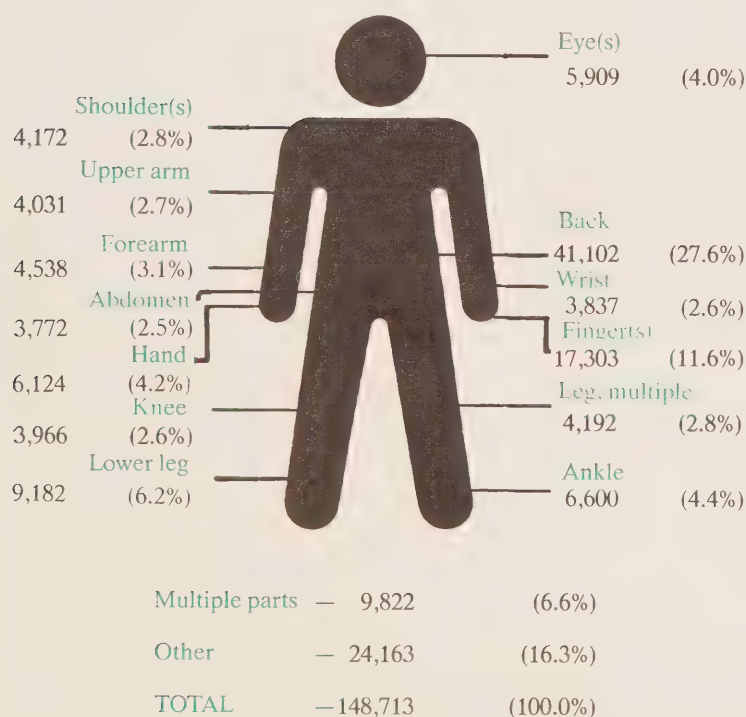
Deadlines for application are June 1, 1983 (for funding in 1983) and December 1, 1983 (for funding in 1984). Applicants will be reviewed by the Council's Task Force on Backs.

Application forms are available from Council of Safety Associations, Task Force on Backs, 23rd Floor, 2 Bloor St. East, Toronto, Ontario M4W 3C2 (416) 965-8888.

Lost-Time Claims by Part of Body Injured, 1982

Workers' Compensation Board

*By number of claims and percentage of total claims



Lost-Time Claims by Nature of Injury/Illness, 1982

Workers' Compensation Board

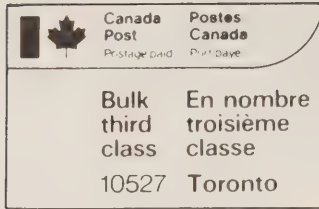
OCCUPATIONAL INJURY	CLAIMS	% OF TOTAL CLAIMS
Sprains, strains	43,976	29.6
Cuts, lacerations, open wounds	17,269	11.6
Contusions—intact skin	15,851	10.7
Fractures	7,431	5.0
Scratches, abrasions	4,657	3.2
Burns, scalds (heat)	3,494	2.4
Hernia, rupture	1,730	1.2
Multiple injuries	948	0.6
Amputation	727	0.5
OCCUPATIONAL ILLNESS		
Hearing loss or impairment	1,332	0.9
Chemical burns	999	0.7
Ultraviolet rays, welders' flash	774	0.5
Fume toxicity, smoke inhalation	672	0.5
Dermatitis	656	0.4
Tenosynovitis	535	0.4
Other Injuries and Illnesses	47,662	31.8
TOTAL	148,713	100.0%



**Workers'
Compensation
Board**

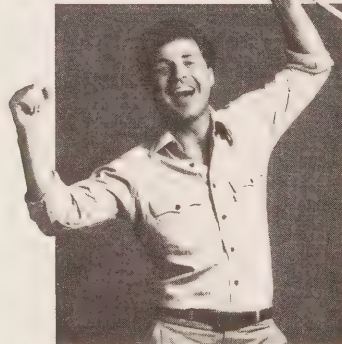
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- ☒ You get continuing help and advice from a Workers' Compensation Board Employment Specialist.

☒ You sign only two pieces of paperwork during the whole procedure.

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WCB Report

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Compensation
Board

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du travail

Fall 1983



**STATE-OF-THE-ART:
THE UTAH ARM**

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Through great advances in the field of microelectronics, the most sophisticated prosthetic arm known to medical technology has come to Canada — and the Workers' Compensation Board.

Occupational disease on the farm 5

Contact with potentially hazardous substances involved in farming may lead to occupational disease among farmers and farm workers.

25 years later — H&RC 6

What has become the largest rehabilitation facility of its kind in North America is celebrating 25 years in its Metro Toronto location.

Short Takes 8

Increased benefit levels for injured workers of the province and streamlined claims services at the Workers' Compensation Board are among brief news items in this issue.

Amendments 11

The effect on benefit levels of recent amendments to The Workers' Compensation Act are detailed in chart form for easy reference.

WCB REPORT

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Gabiella
Tatangelo

Design & layout: Westprint

THE YEAR IN REVIEW

Ontario Minister of Labour Russell H. Ramsay released the Workers' Compensation Board's 1982 Annual Report during the summer.

"Ontario was well served by the Workers' Compensation Board last year," said Ramsay. "Board Chairman Lincoln Alexander says in the report that the achievements of 1982 illustrate both the Board's flexibility and its concern for those it serves. I endorse that observation whole-heartedly."

Ramsay highlighted, among other things, the Board's activity in the area of vocational rehabilitation, noting that the Board faced a unique challenge considering the economic climate during the year.

"In spite of the uncertain employment picture, and despite a significant increase in the number of injured workers looking to the Board for rehabilitative assistance, rehabilitation staff at the Board were instrumental in restoring 3,482 workers to the workplace," the Minister said. "That was fully 94 per cent of the number of individuals rehabilitated in 1981, which is a praiseworthy accomplishment."

The Minister noted further that the Board received 15.7 per cent fewer claims in 1982 — 349,747, compared with 415,044 in 1981. Contrasting that decrease in volume was an increase in benefits paid and awarded last year of some 23 per cent, or \$768.8 million, compared with \$624 million paid and awarded in 1981.

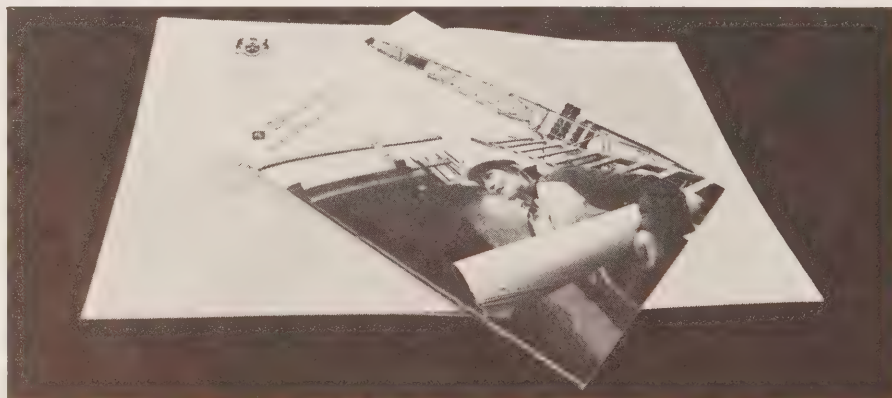
Safety education was high on the Board's list of priorities, as reflected by

a policy update in June, 1982, through which the Board accepted responsibility for the direction and control of all occupational health and safety education in Ontario coming within the scope of The Workers' Compensation Act. This followed recommendations on the role of the provincial safety associations, in a report by Dr. J.F. Mustard, chairman of the Minister of Labour's Advisory Committee on Occupational Health and Safety.

The Workers' Compensation Board committed itself to expanding its service in French in 1982, in keeping with the Ontario government's clear intent to implement steady, balanced service in the French language. A preliminary study of the Board's computer system was completed last year in order to determine the best route to this goal and the Board's operating divisions began an assessment of their French language capabilities in conjunction with the study.

"The Annual Report shows a great willingness on the part of the Workers' Compensation Board to adapt to the needs and concerns of the people it serves," Ramsay commented. "The Board's progressive approach to the challenges it faced in 1982 inspires confidence in the future of Ontario's workers' compensation system."

The 1982 Annual Report is available from the Communications Division, Workers' Compensation Board, 2 Bloor Street East, Toronto, Ontario M4W 3C3. Telephone (416) 965-8722. □



Larry Paterson and

THE UTAH ARM

by Gabriella Tatangelo

The \$6-million-dollar man may have only been the product of a television audience's imagination, but the concept of bionic limbs is not so far from truth.

Through great advances in the field of microelectronics, the most sophisticated prosthetic arm known to medical technology has come to Canada.

On April 28, 1983, Larry Paterson, 33, of London, Ontario, became the first Canadian to be fitted with the state-of-the-art prosthesis known as the "Utah arm". Developed at the University of Utah in Salt Lake City, the device was provided for Paterson by the Workers' Compensation Board of Ontario.

Paterson's right arm was beyond the scope of reconstructive surgery and had to be amputated above the elbow as a result of an accident on January 20, in which his arm was mangled in a paper cup-making machine while working at a London paper cup manufacturing plant. After a month of local treatment, he was ready for admission to the Board's Hospital and Rehabilitation Centre (H&RC) in a Toronto suburb, where further treatment and fittings for a prosthesis began.

Ideal candidate

Dr. Antony Kennard, who heads the Centre's Amputee Clinic, first considered fitting Paterson with a traditional mechanical arm, operated manually with cables activated by shoulder movements. Normally, amputees begin with this device before progressing to an electrically-operated — or "myoelectric" arm. Paterson's high aptitude and positive attitude, however, as well as the above-elbow amputation, made him an ideal candidate for the Utah arm.

The arm, which took 10 years to develop, was perfected only two years ago, and about 50 amputees in the United States have already been fitted with the device. In the United States, it would cost up to \$30,000 but, in Paterson's case, the cost was covered by the Board.

Its elbow joint locks in 22 positions, double the capability of the traditional non-electric arm, which locks in only 11 positions. Powered by a rechargeable

battery pack that fits into the arm's elbow, it is controlled by four skin-surface electrodes positioned on only two muscle control sites, in contrast to previously developed arms in which up to four control sites and more electronics are required.

Muscles flexed

Paterson uses his biceps and triceps muscles to activate the prosthesis and can raise and lower his arm at will. "To raise the arm, I just flex the biceps and it will come up," he explains, "and whenever I stop flexing and just hold it, that's where it will lock." The biceps closes the hand, the triceps opens it, and both unlock the elbow. When the forearm is flexed at 90 degrees and locked, the arm can bear up to 50 pounds of pressure.

The German-designed hand with which the arm is equipped has a 20-pound pinch. Doctors are also pleased with the improved cosmetic appearance of the hand, which both looks and feels more lifelike.

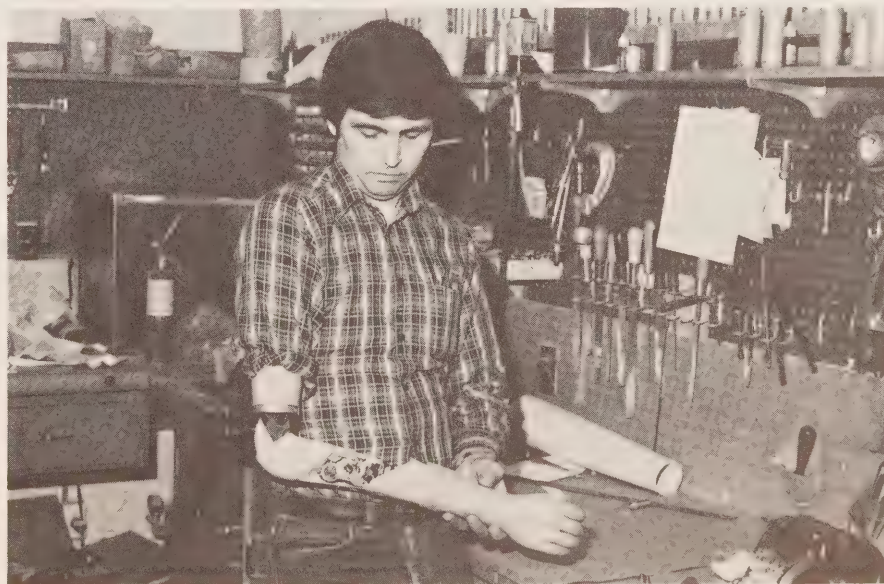
"This does not mean that the arm, by any stretch of the imagination, will match what Larry has lost," says Bill Burt, prosthetist at H&RC. "We will never be able to replace the limb he lost, but we can give him the best we

can in the type of prosthesis he needs."

Amputee Clinic

The Workers' Compensation Board has, for some time, been looking for an above-elbow myoelectric prosthesis that would provide more function, better features and a better appearance, Burt explains. The Centre's Amputee Clinic treats an average of 57 new major amputation cases each year, and more than 30 different types of prostheses are already available through the prosthetics department.

Burt and Hanna Heger, an occupational therapist at H&RC, attended a demonstration at Toronto's Sunnybrook Hospital last fall by a representative from the University of Utah and were impressed with the Utah-built arm and the German-designed hand. Following consultation with Dr. William McCracken, executive director of the Board's Medical Services Division, McCracken suggested the prosthesis be fitted when an appropriate candidate could be found. An agreement was subsequently made between the Utah developers and the Board to locate a suitable patient and begin training with this prosthesis for the first time in Canada.



Larry Paterson removes prosthetic hand to reveal inner workings of the Utah arm.

Precedents set

Kennard at the Centre admits that, despite Paterson's positive attitude and other qualifications, he was a little hesitant in choosing him for the arm because he was a new amputee. "We usually like to fit this type of arm to a patient who has had a cable-controlled arm first. So we created two new precedents here: one, using a new arm and, two, fitting it on a really fresh amputation."

It was explained to Paterson that electrodes in the human arm magnify signals from muscles in the upper arm. Even when an individual has lost part of his or her arm, the muscles that control the limb are still intact in the stump. "Electrodes pick up signals from the muscles in the stump," says Burt, "which are then magnified and sent down to the elbow or to the hand, activating an electric motor."

Weight factor

One of the main advantages to the Utah arm, assesses Burt, "is that the battery fits right into the back of the elbow, which puts the weight factor higher up on the prosthesis and causes less battery drain to lift the forearm. Normally, with a stump the length of Larry's, we would have to install a battery in the forearm section, which of course adds a lot of weight to the distal portion of the prosthesis."

Assessments and follow-ups after fitting for a prosthesis are always part of an amputee's program. The first thing that must be determined is whether the new prosthesis is creating any problems—such as abrasions, blisters and allergies. In addition, says Kennard, "we wanted to measure how much better the Utah arm would be than an ordinary cable-controlled prosthesis—whether it could actually do more, whether it would be more natural for the patient to use and easier to control than other artificial arms."

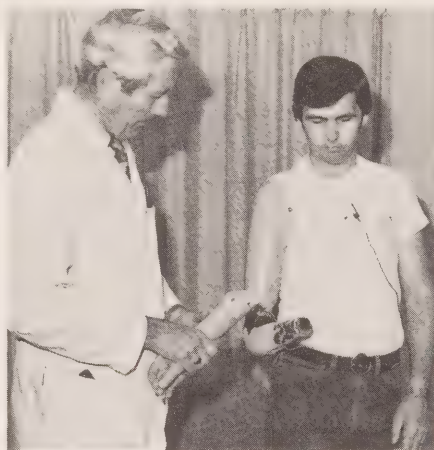
Beyond expectations

So far, results have gone beyond the expectations of all concerned. In Paterson's case, there has been no stump reaction, the arm seems to work naturally for him and he has had no difficulty in learning how to use it. "Within three days of the fitting he was using the prosthesis as if he had been using it for a very long time," says Kennard. "The controls are easier, the reaction of the arm is easier and patient satisfaction is really superb."

For Paterson himself, it isn't a matter of thinking about what he can do but, as he explains, "it's more or less thinking right now about what I can't do.

Finding out what I can't do is just a matter of process of elimination—either you can or you can't."

An early part of his training, prior to actual fitting of the arm, involved measurement of the strength in his biceps and triceps muscles. Heger, his occupational therapist, used a myoelectric tester to determine the best site for the electrodes and to see if Paterson could differentiate between the biceps and triceps muscles. Readings on the tester showed him which muscle he was flexing and how much strength the muscle had. Electronics in the Utah arm can be adjusted to compensate for the normal strength differential in the muscles.



Bill Burt examines mechanisms in Paterson's new arm.

Remedial gymnastics

The remedial gymnast also plays an important role in any amputee's treatment. "The aim is to strengthen the muscle groups needed to use the artificial arm," says Les Novak, a remedial gymnast at H&RC. To do this, strengthening and mobilizing exercises are done for the arm and shoulder. In Paterson's case, a shoulder strap with weights attached was also used to strengthen the necessary shoulder muscles.

Paterson began to use the arm by gripping various objects placed at different levels in order to practice elbow control. Throughout such exercises, Heger looked on to ensure he controlled the hand and elbow efficiently—without wasting energy. Not just the arm, but the whole body must operate smoothly and naturally. Training progressed from fairly simple tasks to more complex exercises, in which Paterson had to operate the prosthesis more often and think about how to use it in the best possible way.

Obstacles

Problem solving is one big obstacle Larry has to overcome, says Heger.

"When things don't go well, he needs to look at a different way of doing them that will overcome the problem and diminish his frustration with using the prosthesis."

Paterson was actually surprised, after all the training and conditioning, just how easy the arm was to operate. "I was expecting it to be very difficult," he admits, "having to learn how to use and strengthen the muscles. But the first day they put it on me, I was working it."

Aside from the physical adjustments the loss of his arm has necessitated, factors such as fear, emotional problems and family acceptance must also be confronted. "In a way, we're really treating not only the patient but the whole family as well," explains Kennard.

Family support

As far as his family is concerned, Paterson says they have been very supportive and have accepted the reality of the loss of his arm. "My family took it quite well. The kids thought it (the new arm) was pretty neat. They want me to show it off to all their friends. My wife—it doesn't bother her at all."

A new arm and a new life mean certain necessary changes. Due to his injury, Paterson is unable to return to his former job, although his company wanted him back. With the support and financial assistance of the Board, his future plans include further education and job retraining with the same company.

In his spare time, he will continue to golf, even if it means starting over and learning to golf with his left hand, he says. His favourite hobby is photography, so he and Heger devised a special adaptor to fit the camera, enabling him to operate it with more ease.

Part of being first

Of all the publicity and attention he has been receiving since being fitted with the Utah arm, Paterson says, "Well it's something I was told to expect. You just have to remember that it's part of being first." As far as whether there will be a "second" and a "third", Burt knows of a couple of other fittings already being planned in Canada. "I hope this will be just the start of more to come," he says.

At the Workers' Compensation Board, the possibility of further such fittings "will require a lot of consideration and discussion," adds Kennard, "not only in terms of whether it's a sound investment for the patient, but also as far as the employer is concerned. So far, it seems worth it." □

Hazardous exposure:

OCCUPATIONAL DISEASE and FARMING

by Boyd Neil

Traumatic injuries, particularly those caused by accidents involving tractors and other farm machinery, account for the vast majority of claims made by Ontario farmers to the Workers' Compensation Board each year. However, the Board also receives a number of claims from farmers for occupational disease arising from contact with hazardous organic and inorganic substances.

The symptoms of these diseases can easily be overlooked by farmers and physicians alike, mainly because many of the diseases are relatively rare. For example, there has not been a single case of anthrax (an infectious disease) reported to the Board since 1920.

It is up to farmers themselves, therefore, to recognize the specific hazards with which they or their employees may come in contact and to inform their physicians of the hazards they encounter at work.

Some of the hazards involved in farming include pesticides, certain plants and flowers, nitrous fumes, chlorine compounds, and infectious diseases (called zoonoses). Animal handlers are susceptible to anthrax, brucellosis or undulant fever, and rabies. Farmers can contract dermatitis from tobacco, chrysanthemums, tulip bulbs and primroses, to name a few. And crippling chronic lung disease

(extrinsic alveolitis or "farmer's lung") may develop over the years as a result of sensitivity to moulds in grain.

A large number of highly toxic chemicals are used by farmers as fumigants, such as pesticides, fungicides and herbicides. The Workers' Compensation Board booklet, *Occupational Diseases*, lists 11 common agricultural chemicals which, if not handled properly, can cause conditions ranging from minor skin irritation to death.

Farm owner/operators who have requested personal coverage from the Board, and all farm employees, are entitled to com-

pensation for time lost from work as a result of a disability caused by exposure to hazardous substances on the job. The Board will assess each claim for compensation on its own merits, using guidelines based on the best available medical knowledge of the particular disease.

To facilitate the adjudication process, the Board recommends that when farmers report claims for suspected agricultural disease, they be sure to include information about the hazardous elements to which the individual was exposed as well as the length of exposure.

Continued on page 10.

Allowed claims for occupational illness in farming rate groups – 1982

Workers' Compensation Board 1st Payment Compensation Claims

Nature of Illness	Number of Allowed Claims
Dermatitis	42
Poisoning, systemic	19
Burns (chemical)	11
Radiation effects (non-ionizing ultraviolet light flash burns)	10
Tenosynovitis	8
Contagious diseases	5
Freezing and frostbite	5
Silo fillers' and grain handlers' diseases	4
Occupational illness (not elsewhere classified)	3
Industrial noise deafness	2
Inflamed joint (not elsewhere classified)	1
TOTAL	110

**TOTAL ALLOWED CLAIMS (INJURIES AND ILLNESS)
IN FARMING RATE GROUPS**

2,464

H & RC: 25 YEARS

by Carmen De Luca

What started as a one-room physiotherapy treatment centre supervised by a single doctor has become the largest rehabilitation facility of its kind in North America.

Now celebrating 25 years in its suburban Toronto location, the Workers' Compensation Board's Hospital and Rehabilitation Centre (H&RC) is a 522-bed facility delivering top medical and rehabilitative care to injured workers across the province.

Nearly 12,000 patients were admitted to the Centre in 1982 alone and, of those who completed the full-treatment program (6,059), 77 per cent were fit to return to employment—a significant number in view of the complexity of such cases.

Work-related disabilities

Workers with back injuries, head injuries, hand injuries and amputations are among the many patients admitted to the Centre with work-related disabilities. Approximately half of these men and women are referred there at the suggestion of Board staff, while others are referred by their attending physician.

The Centre's approach is multidisciplinary. A variety of special clinics have been established to provide the best available treatment in individual cases.

1. The Centre's Back Education Program for patients.

4. Prosthetics department.

5. Electrodiagnosis is used in assessing nerve injuries.

H&RC comprises about 15 acres of buildings on 65 acres of land near the junction of Highways 400 and 401 in Downsview (Metropolitan Toronto). The complex houses all patient requirements and facilities in an integrated group of 14 buildings, all co-ordinated by means of ramps and hallways.

One-room treatment centre

The Centre officially opened on October 29, 1958, but its roots date back as far as 1932, when the Board took its first step towards the rehabilitation of injured workers. The then one-room treatment centre in downtown Toronto consisted of six treatment cubicles and a small gym, with a capacity of 20 to 30 patients per day on an out-patient basis.

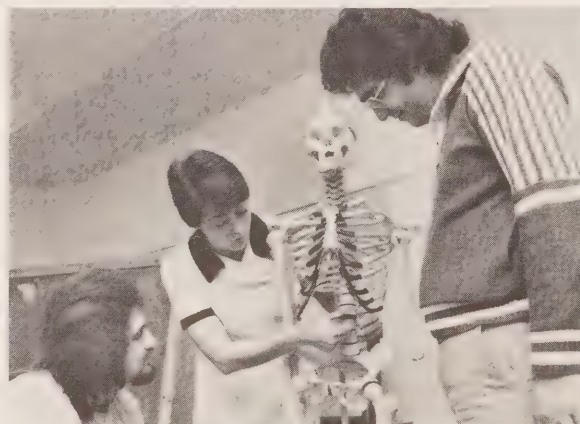
With the war years came a substantial growth in industry across Ontario,

as well as a corresponding increase in patients to the Board's clinic, which, on several occasions, was moved to expanded quarters.

In 1939, an occupational therapy department was added and, in 1947, the Board established both a rehabilitation hospital and in-patient dormitory facilities out of converted army barracks in Malton—on the site of what is now Toronto International Airport.

Malton Centre

Within a year of its opening, remedial gymnastics (the therapeutic use of exercise, movement and recreation) was added to the list of available programs at the "Malton Centre". In the years to follow, the Board's physical medicine program became recognized as one of the most effective anywhere.



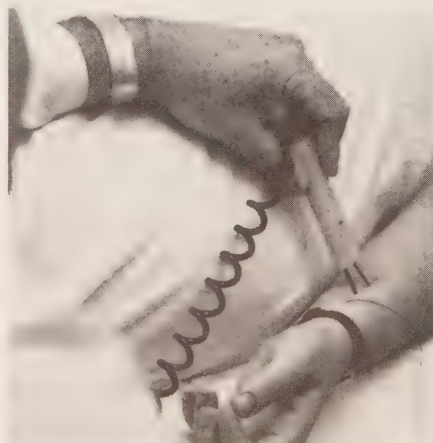
1.



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6.

RS AND MORE

Based on 10 years of experience and success at the Malton Centre, it became necessary to find a permanent home for the Board's growing rehabilitation facility. In 1957, the cornerstone for a new Hospital and Rehabilitation Centre was laid and, in July of 1958, the new Centre was occupied (with an official opening in October).

Today, specialized services at H&RC include the General Trauma Clinic, Back Assessment and Rehabilitation Clinic, Head Injury and Neurology Clinic, Hand Clinic, Amputee Clinic, Prosthetics Department, Psychological Social Evaluation Module, and the Pain Identification and Measurement Module, to name just a few.

Tailor-made program

Most patients at the Centre under-

take a full-treatment, tailor-made program, including daily sessions in occupational therapy, recreation, physiotherapy and remedial gymnastics. Typically, a patient's treatment team includes a physician, physiotherapist, occupational therapist, remedial gymnast and recreational therapist. Vocational rehabilitation and psychological service counsellors are also available.

Back education

Approximately 45 per cent of injured workers admitted to H&RC suffer from back disability. Since the introduction of the Centre's Back Education Program, more than 3,100 patients have received specialized instruction in preventive back care and the alleviation of back pain. The Board's Industrial Back Education Program offers presentations

to companies across Ontario, and will train company representatives to teach the course to fellow employees.

Chronic pain control

Many patients at the Centre continue to benefit from the use of transcutaneous electrical nerve stimulator (TENS) units, a special pocket-sized device worn to control chronic pain in certain types of cases. Since 1975, when this treatment was introduced, more than 3,600 TENS units have been issued. A recent analysis of a large group of former patients who have used the unit demonstrates conclusively that TENS is capable of suppressing and/or reducing chronic pain.

Complete with remedial gym, therapeutic pool and even an orthopaedic shoe shop, the Board's Hospital and Rehabilitation Centre is, by no means, your average hospital. In its own unique way, it continues to provide comprehensive rehabilitation services to injured workers of the province. □

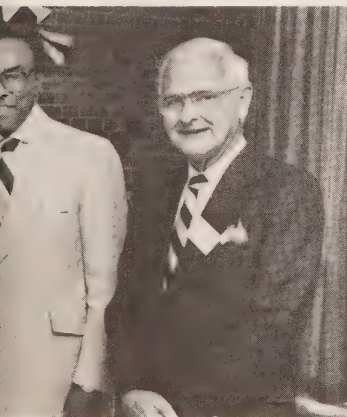
2. L. to r., Dr. Robert Mitchell, director, H&RC; Dr. William McCracken, executive director, Medical Services Division; the Hon. Lincoln M. Alexander, Chairman, Workers' Compensation Board; the Hon. Russell H. Ramsay, Minister of Labour; during 25th Anniversary celebrations at H&RC.

3. Orthopaedic shoe shop.

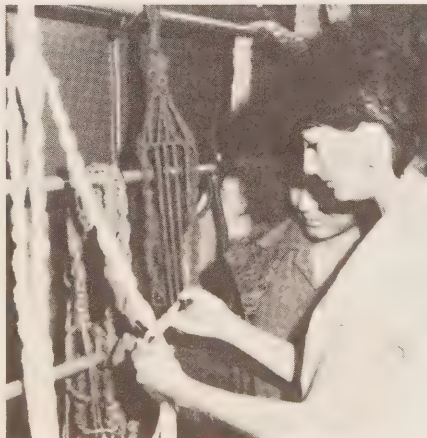
6. Remedial gym.

7. Occupational therapy.

8. Occupational therapy — getting back to work.



3.



7.



8.

Increased benefits to injured workers

The Ontario Legislature passed amendments to The Workers' Compensation Act on June 21, raising benefit levels to injured workers and increasing the ceiling on earnings covered.

Effective July 1, 1983, benefits payable to injured workers of the province, their spouses and dependants have been increased by five per cent for accidents occurring on or after July 1, 1983. The ceiling on earnings covered by the Board has been raised from \$24,200 to \$25,500 per year.

Other highlights of the new benefit levels are as follows:

- minimum permanent total disability pension increases to \$786 per month from \$748;
- minimum temporary total disability allowance increases to \$179 per week from \$170;
- dependant spouse's pension rises to \$564 per month from \$537;
- orphaned dependant child's pension increases to \$176 per month from \$167.

For more detailed information concerning the new disability benefits payable by the Workers' Compensation Board, see page 11.

William R. Kerr retires



William R. Kerr

Board has new Assistant General Manager

Robert D. Reilly has been appointed Assistant General Manager of the Workers' Compensation Board. He replaces William R. Kerr, who retired in September after 43 years of service with the Board.

Reilly was formerly executive director of the Board's Financial Services Division and brings a wealth of experience in the financial aspects of Board management to his new position.

As Assistant General Manager, he assists the Board's Vice-Chairman of Administration and General Manager, A. G. MacDonald, in various operational activities of the Board. Several divisions (Administrative Resources, Financial Services, Actuarial Services and the Investment Fund) report through Reilly to the Vice-Chairman.

William R. Kerr, Senior Executive Director and Assistant General Manager of the Workers' Compensation Board, has retired after 43 years of service with the Board.

Bill Kerr was appointed to the position in July, 1981 and, in that capacity, assisted the Board's Vice-Chairman of Administration and General Manager, A.G. MacDonald, in day-to-day operations of the Board. Executive directors of the Board's Claims Services, Vocational Rehabilitation and Communications Divisions, and the executive co-ordinator, Regional Operations and Area Offices, reported through him to the Vice-Chairman.

His long and highly-respected career at the Board began in 1940, when Bill joined the Claims Services Division. In 1955, he was appointed director of public service and subsequently established the Board's first public relations and information program—now the responsibility of the Communications Division.

Bill became administrator of the Board's Hospital and Rehabilitation Centre in Downsview in 1958. He was appointed principal officer and director of Claims and Rehabilitation Services in 1966 and, with the expansion of the Board's rehabilitation function, became director of Rehabilitation Services the following year.

In 1971, he was appointed assistant executive manager and, in 1973, executive assistant to the Chairman of the Board. Bill became executive director of the Claims Services Division in 1974, and served in that capacity prior to his appointment as Senior Executive Director and Assistant General Manager.

In his many years of service, Bill Kerr made a valuable contribution to the operations of the Workers' Compensation Board. He will be greatly missed in his retirement.

SHORT TAKES

Claims process streamlined



The Board's claims adjudicators personally answer telephone inquiries regarding individual claims in their caseload.

More direct communication between injured workers and claims adjudicators and streamlined claims processing are providing improved service to clients of the Workers' Compensation Board.

The Board's Claims Services Division

has recently undergone major reorganization in order to offer injured workers, employers and other interested parties more personalized service.

As a result of this reorganization, all initial unadjudicated claims are now

processed by the newly-created Initial Adjudication Claims Section. Reopened and continuing claims are assigned to one of the 10 Continuing Disability Claims Sections (formerly Extended Disability Claims Sections), where the claim will usually remain with one adjudicator for the rest of its active life at the Board.

In the past, claim files were frequently transferred from one adjudicator to another at different stages of the claims process. With the need for fewer such transfers, adjudicators become more familiar with their individual caseloads.

Claims are now assigned to adjudicators by nature of injury—for example, back injuries, chest or hand injuries—and with respect to the complexity of the case and the experience of the adjudicator. Individual caseloads have also been reduced, allowing adjudicators to devote more attention to each claim.

A major benefit of this reorganization is that injured workers, employers and other interested parties now have immediate and direct telephone access to the adjudicator responsible for their claim. With the exception of very general inquiries, all requests for information will be directed to the appropriate adjudicator, who can personally answer any questions regarding the claim. This new, more open and personal channel of communication is proving of benefit to both the client public and the Board's claims adjudicators, and places the injured worker in direct contact with the decision-maker for his or her claim.

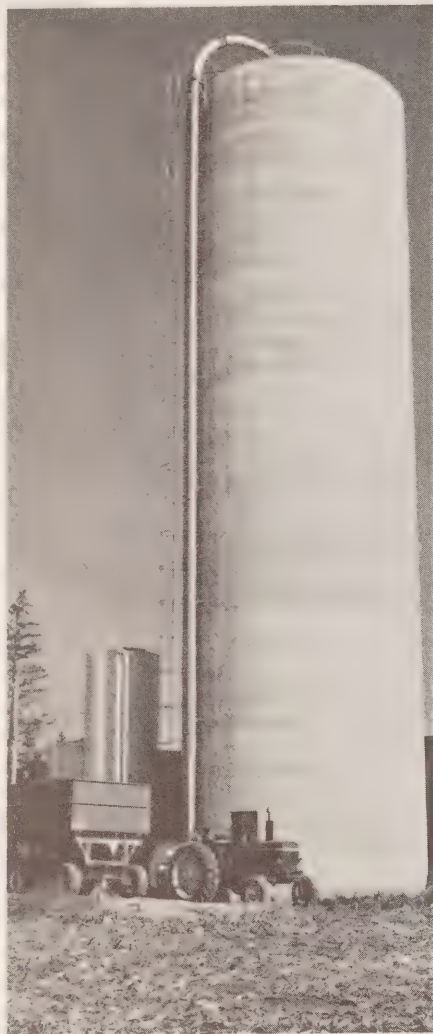
Reorganization of claims services at the Board was introduced in two phases—the first in November, 1982, and the second in the spring of this year. The streamlined claims process will provide for greater consistency and control in the adjudication of claims.

New executive director, Financial Services

V.G. Sweeney, R.I.A., C.I.A., has been appointed executive director of the Board's Financial Services Division.

Vic Sweeney joined the Board in 1973 as executive director of the Administrative Resources Division, following his participation in a government-appointed task force inquiry into the administration of the Workers' Compensation Board.

In addition to his new responsibilities as executive director of Financial Services, he will assist Robert Reilly, newly-appointed Assistant General Manager, in overseeing the operations of the Administrative Resources Division until a new executive director is appointed.

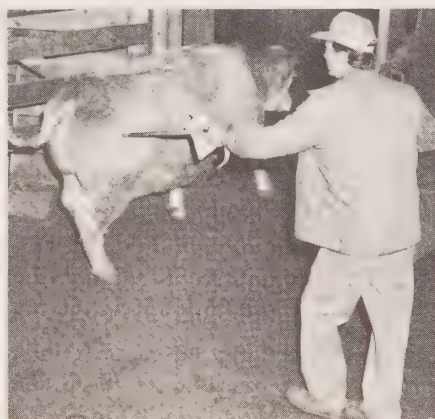


Poorly ventilated silos can be hazardous when oxides of nitrogen are released during the fermentation of corn silage. Short exposure may appear to have minimal effect but, in extreme cases (and after an interval of several hours), pulmonary oedema and death could result. The Farm Safety Association recommends that silo fans be run at all times and that doors next to silage be removed in order to improve air circulation in the silo. The association also recommends that a self-contained breathing apparatus be used when there is the slightest suspicion that such gases are present.



The toxic chemicals used in farming operations can cause various disorders to the human respiratory and nervous systems. Such chemicals include pesticides; such as organophosphates (Parathion and Malathion), carbamates (Thiram and Carbaryl), chlorinated hydrocarbons (Chlordane, Lindane, Dieldrin and Endrin), and bipyridyls (Paraquat and

Diquat). A rodenticide such as Warfarin may cause uncontrollable bleeding after repeated ingestion for several days. Pentachlorophenol is an insecticide and wood preserver which can cause death by hyperthermia. Directions furnished by the manufacturers should be followed extremely carefully.



Animal handlers, abattoir workers, farmers and bush workers are susceptible to a variety of occupational diseases. Although incidence is rare, such diseases can be serious unless properly treated. Anthrax, for example, can affect the skin and lungs. Rabies is caused by a virus which attacks the nervous system. Brucellosis is an infection which can affect meat handlers and cattle inspectors. Careful attention must be given to personal hygiene and to the use of appropriate protective clothing by these workers.



A countless number of substances can cause various skin irritations. In farming, the hands and forearms are most often affected. Common hazards of farm work include tobacco dermatitis, contracted from the leaves and stems of tobacco plants, and allergic reactions to certain plants and trees. To determine which specific substances might be causing an allergic reaction in a farm worker, he or she can be tested by a dermatologist. □

Photos Courtesy Farm Safety Association

Amendment Highlights

Disability Benefits Payable by the Workers' Compensation Board, Effective July 1, 1983:

Type of Benefit	Previous Amount	As Provided by the July 1, 1983 Amendment	Comments
Ceiling on Earnings Covered	\$24,200	\$25,500	For accidents occurring on or after July 1, 1983
Compensation for Permanent Disability	—an increase of 9% effective July 1, 1982	—an increase of 5% effective July 1, 1983	For accidents occurring on or before June 30, 1983
Compensation for Permanent Total Disability	75% of earnings with —minimum \$748 a month —maximum \$1,512.50 a month effective July 1, 1982	75% of earnings with —minimum \$786 a month, effective July 1, 1983 —maximum \$1,593.75 a month, effective July 1, 1983	Payment for permanent partial disability is proportionate
Compensation for Temporary Total Disability	75% of earnings —minimum \$170 a week or earnings if less —maximum \$349.04	75% of earnings for period of disability —minimum \$179 a week or earnings if less —maximum \$367.79	For accidents occurring on or after July 1, 1983
Temporary Disability Benefits	—workers not working and receiving temporary disability benefits continuously receive adjustments in the compensation rate as follows: • after 12 cont. mths.: 10% • after 24 cont. mths.: 10% • after 36 cont. mths.: 9%	—workers not working and receiving temporary disability benefits continuously receive adjustments in the compensation rate as follows: • after 12 continuous months: 10% • after 24 continuous months: 10% • after 36 continuous months: 9% • after 48 continuous months: 5%	Payable after 48 consecutive months on or after July 1, 1983
Fatal Benefits: —Immediate lump sum —Funeral Cost	\$1,300 \$1,300	\$1,400 \$1,400	For death occurring on or after July 1, 1983
Compensation for Dependant Spouse	\$537	\$564 effective July 1, 1983	
Dependant Children	\$149 per month until age 16 or beyond for education at Board discretion	\$157 effective July 1, 1983	
Dependant Orphans	\$167 a month to age 16 or beyond for education at Board discretion	\$176 effective July 1, 1983	
Other Dependants	Financial loss as determined by the Board but not exceeding \$537 a month	Financial loss as determined by the Board but not exceeding \$564 a month effective July 1, 1983	
Clothing Allowance under Section 52(3)(b) —lower limb prosthesis or a back brace for a permanent back disability or a permanent leg brace or if confined to a wheelchair —for an upper limb prosthesis	\$316 per annum \$158 per annum	\$332 per annum effective July 1, 1983 \$166 per annum effective July 1, 1983	



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<i>Do not hire!</i>			

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The Honourable Lincoln Alexander, P.C., Q.C.
Chairman, Workers' Compensation Board

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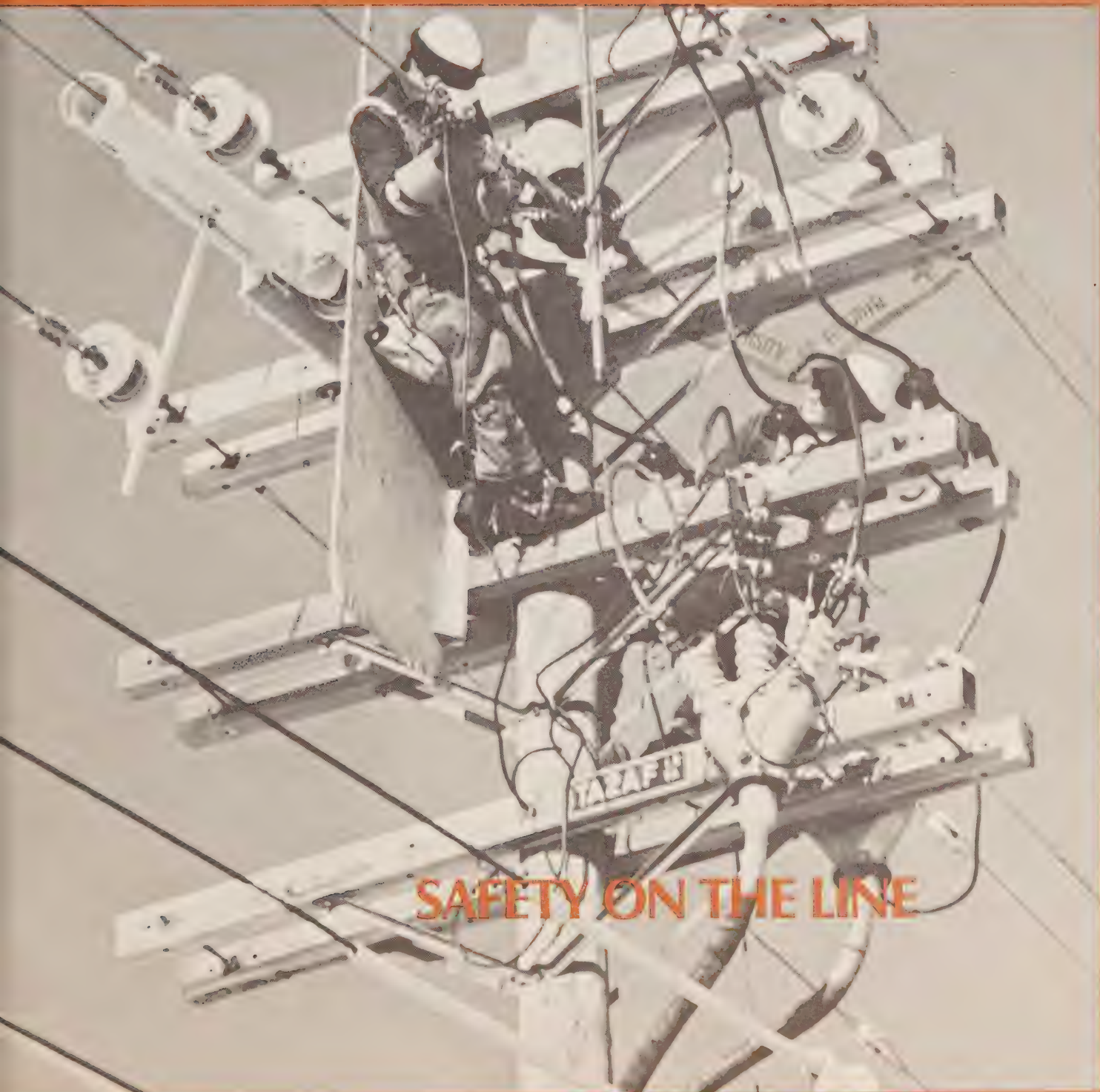
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Vol. 7 No. 1



SAFETY ON THE LINE

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Employer assessment rates for 1984, experience rating in Ontario's construction industry and a study of Russian Faradism are among brief news items in this issue.

WCB REPORT

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SAFETY ON THE LINE

The electrical utilities industry

by Boyd Neil

Ontario's electrical utilities industry is responsible for ensuring a steady flow of electricity and related services to the province. It is no easy task. It requires careful attention to safe work practices. After all, the backbone of the industry — its linemen, underground cablemen and substation mechanics — may be working with more than 27,000 volts of electricity at any one time — enough power, if handled improperly, to kill instantly.

Considering the nature of the work involved, the electrical utilities industry does enjoy a relatively good safety performance. Accidents resulting from electrical contact, however, did take the lives of three linemen in Ontario last year. Each of these accidents was the direct result of not following safe work procedures or utilizing available protective equipment.

Although fatal accidents attract the most public attention, non-fatal accidents and health hazards in the electrical utilities industry can, in some ways, have even more painful and enduring consequences. Common non-fatal accidents include overexertion (and back injuries); falls from poles, ladders or vehicles; slips; and incidents in which workers are struck by an object.

Among health hazards which concern the industry, says Tom Murphy, assistant manager of the Electrical Utilities Safety Association of Ontario, Inc. (EUSA), is exposure to high noise levels. Hearing loss can occur if workers fail to wear the appropriate personal hearing protection while working for extended periods of time in areas with high noise levels. In the electrical utilities industry, this could include work in diesel generating plants or using tools and equipment with a sound level above 90 decibels.

Gases which may be present in confined spaces such as manholes can also be a hazard if proper testing and ventilating procedures are not followed. Hydrogen sulphide, carbon monoxide, methane gas manufactured by decaying plants, and even gas leaks from gas stations in the vicinity of manholes could cause explosions or toxic effects.

Lack of oxygen can also be a problem in confined spaces.

In past years, insulating fluids such as askarels were widely used in transformers, capacitors and other electrical equipment. Although these man-made fluids were excellent insulators, highly stable, non-corroding and relatively inflammable, it was determined that they contained hazardous polychlorinated biphenyls (PCBs). Their use has since been prohibited in new equipment and stringent guidelines are set by Environment Canada and the Ontario Ministry of the Environment for the handling and use of existing equipment which contains PCB fluids.

Painful consequences

Just one example of the painful consequences of a non-fatal electrical contact accident is the story of a journeyman (experienced as opposed to an apprentice) lineman for Ontario Hydro in the Georgian Bay region. In 1981, he lost both his hands as a result of accidental contact with 5,000 volts of electricity while carrying out maintenance work on a hydro pole. His heart stopped, but quick action by a co-worker saved his life. It did not save his hands.

These incidents are fortunately the exception rather than the rule. Over the last five years, the electrical utilities industry in Ontario has maintained "a good safety record", says Murphy. In 1972, member firms which voluntarily reported their man-hours to EUSA had an average accident frequency of 4.77. (EUSA determines accident frequency by multiplying the number of compensable injuries by 200,000 and dividing that by the firm's man-hours.) In 1982, this had risen only slightly, to an accident frequency of 5.38.

Last year, for example, Richmond Hill Hydro won EUSA's low accident frequency award for reporting an accident frequency of zero with the highest number of man-hours in their particular category. (Port Dover Public Utilities Commission and Halton Hills Hydro were winners in their respective man-

hour categories). There were also more than 130 other member firms with a zero accident frequency but less man-hours reported.

Excellent safety record

Nineteen supervisors and linemen are employed by Richmond Hill Hydro, a small electrical utility north of Toronto. Their excellent safety record is a testament to the successful efforts of the electrical utilities industry as a whole over the last few years in creating a safe work environment.

New developments in safety equipment have played the largest role. Central among these was the introduction, in 1963, of aerial devices. Industry spokespersons agree that the "buckets", as they are called, have been the single most important innovation in electrical utilities safety equipment in the last twenty years.

Hydraulically operated from the bed of large trucks, these buckets have a fiberglass shell, a plastic liner and a grid on the floor for use in bare-hand work. They allow linemen to repair and maintain hydro poles and conductors by isolating the specific work area and by letting the worker get as close as possible without danger of contacting peripheral electric currents. With this aerial device, the lineman can more easily reach his work location and can isolate himself from the second point of contact.

Significant safety feature

Guelph Hydro, which employs 24 journeyman linemen and six sub-foremen, uses six of these aerial devices. Don Perry, operations manager, agrees that buckets are a significant safety feature. "The aerial device helps linemen avoid the natural hazards involved in climbing a pole," he says. "If a hazardous situation develops, you

can get away from it quickly." But he cautions that "even this piece of equipment must be treated with respect."

Ironically, the buckets themselves have brought with them their own safety problems. Ken Hunt, safety and training officer at Etobicoke Hydro, points to a decline in the physical fitness of linemen who previously kept in shape by climbing hydro poles. "Our men are getting muscle injuries because they are not in as good shape as they once were," explains Hunt. "We are seeing more muscle strains, back injuries and neck problems as a result."

Neither are the buckets a substitute for proper use of other protective safety equipment supplied to linemen. All such workers are now required by their companies to wear hard hats, safety boots and eye protection.

Hunt of Etobicoke Hydro remembers that "when I started 32 years ago, hard hats and goggles were hardly worn. Goggles were made available, but we weren't forced to use them." Even today, there is concern in some quarters over workers failing to wear hard hats. Perry refers to the "baseball cap syndrome" which has stricken some linemen — the soft caps are finding their way on to more and more heads.

Protective equipment

Of equal importance to on-the-job safety are the various rubber insulating line hoses, rubber gloves, rubber mats and fiberglass guards used to cover live conductors in a lineman's work area. The hoses are made of Orange Salcor or rubber and are usually about 1¼ to 1½ inches thick. Rubber gloves are worn with leather protectors and are categorized in classes appropriate to work with different voltages. Rubber blankets are about 30 inches square and are attached to energized electrical equipment and conductors with ropes or

oversized clothespins.

Needless to say, there is always room for improvement in safety equipment. People in the electrical utilities industry are waiting for someone to come up with lighter hard hats, more porous rubber gloves that will be more comfortable to wear (particularly in hot weather) and, perhaps most important, a gas detector which can specifically identify hazardous conditions that may be present in confined spaces.

Workers for Ontario's hydro and public utility commissions regularly employ safety equipment on the job to prevent accidents. But every electrical utility has its own tailor-made methods of accident prevention, which complement the proper use of available equipment.

At Richmond Hill Hydro, safety officer Harry Page explains their excellent safety record as partly the result of a serious accident: "Someone who still works for us had a serious accident in 1971. He is living proof that we need to be very concerned about safety."

Employees of Richmond Hill Hydro benefit from extensive training through various safety presentations. "Every employee is required to attend six monthly presentations given by either myself or a EUSA field safety-training representative," says Page. "They include films or seminars on different subjects. In the other six months, employees receive regular training in cardiopulmonary resuscitation."

At Guelph Hydro, "One reason we have a good safety record is that we don't think it is good enough," says general manager Gord Stacey. Dissatisfaction with their 23-year average accident frequency of 4.45 led them, within the past year, to begin accident investigations in co-operation with EUSA.

Potential hazards

Safety committee chairman Andy Janosik says they've also begun "to regularly investigate any potentially hazardous situations." Before safety committee meetings, he asks people representing different work areas to report on potential hazards — such as mechanical failures, material not stored properly, or equipment which needs to be checked more frequently — so that remedies can be discussed.

Hunt says accident investigation and review also contribute to the good safety record at Etobicoke Hydro. "I review all personal and vehicle accidents," he explains. "My accident reports go to the supervisor of the area involved in the accident and, eventually, they end up in the manager's hands, where appropriate action can be taken if needed."





Photos Courtesy Electrical Utilities Safety Association

If there is a common thread to such varied safety efforts, it is the attempt to encourage safety awareness among company employees. "Safety is a full-time occupation," claims Stacey. "There may be a seatbelt in every car, but people have to use them if they're to be effective." This refrain is echoed by safety officers and operations managers across the province and is a prevalent message in industry publications.

Management participation

Too often, however, safety awareness is assumed to be the province only of front-line workers — something to be encouraged by managers but practiced by linemen, substation mechanics and meter readers. But Stacey points to at least one way in which better safety consciousness among senior executives can go a long way towards making a work environment safer.

"One problem in our industry is that we deliver a product instantaneously," he explains. "Any interruption in the power is seen by the public as a major inconvenience. But we can't pressure our employees to repair something quickly if it can't at the same time be done safely. In fact, even if we're confronted by irate customers, we're prepared to back anyone who says the job will take longer if it is to be done safely."

The electrical utilities industry is assisted in these and other safety efforts by the Electrical Utilities Safety Association. EUSA was formed in 1914 as the Electrical Employers Association. It is one of nine provincial accident prevention associations funded by the Workers' Compensation Board. EUSA's member-

ship includes municipal electrical utilities, municipal and privately-owned telephone firms, private power companies, private contracting firms and cable television companies.

EUSA conducts a variety of safety seminars, provides training in approved respiration techniques and prepares safety promotion displays. It publishes a safety newsletter, maintains a film library (including such award-winning films as "The Thirteenth Floor"), and prepares several invaluable safe practice guides. More importantly, EUSA also has two rule books — one for electrical utility operations and the other for the telecommunications industry — which are recognized by the Ontario Ministry of Labour as guides to performing industry work procedures in an approved manner.

Central among EUSA's activities is the provision to the industry of six field safety supervisors, each of whom are responsible for approximately 110 member firms across the province. These supervisors carry out a variety of tasks, explains Gord Campbell, EUSA field services co-ordinator. "They endeavour to make two visits a year to the managers and field operations staff of each firm, for discussions about potential safety problems and their solutions. If unsafe work practices or equipment is observed, it is discussed with the supervisor or crew at hand, and appropriate recommendations for correction are made to management."

Crew meetings

Field safety supervisors also schedule two crew meetings each year with the firms in their jurisdiction. Meetings

usually include review and discussion of recent serious accidents within the membership, as well as how to prevent similar occurrences.

Every other year, from February to April, field personnel also conduct one-day supervisory safety seminars in central locations across Ontario for the industry as a whole. (Attendance averages about 1,200.) Presentations relate to technological advances and specific areas of concern within the industry.

Field safety supervisors also investigate all serious electrical accidents — whether of the "flash" or "contact" variety ("flash" accidents could result in severe burns, depending on the intensity of the electrical arc caused by a short circuit) — and all other serious non-electrical accidents. Accidents are investigated with a view to education — not as a basis for discipline.

Because EUSA believes that a well-trained worker is less likely to be involved in an accident, its training department staff conduct training courses either on the job or at the EUSA training centre in Rexdale. Last year, EUSA training staff put approximately 800 trainees through courses on such subjects as lineman journeyman proficiency, rubber glove techniques to 35kV, and hydraulic aerial equipment.

To ensure the health and safety of industry workers on a province-wide level, EUSA general manager Jack Craig chairs a provincial labour-management safety committee. In addition to Craig, the committee consists of four management representatives from the Association of Municipal Electrical Activities, the Electrical Contractors Association of Ontario, EUSA and Ontario Hydro, and four representatives from the major industry labour unions, the International Brotherhood of Electrical Workers and the Canadian Union of Public Employees.

This committee has been struck to consider major questions concerning safe work practices and procedures, and to review (in conjunction with the Ministry of Labour) existing and proposed occupational health and safety legislation as it pertains to the electrical utilities industry (Workers' Compensation Board Class 22, rate number 772 of Schedule 1).

Together, these activities provide leadership in the safety efforts of the province's electrical utilities industry. In the end, however, it is up to the men and women engaged in the day-to-day work of providing the province with power who, as the EUSA slogan goes, must **Ensure Ultimate Safety Attitudes.**

Concludes Gord Stacey of Guelph Hydro, "Safety must become part of your life." ■

A healthy solution

Occupational health nurses in demand

by Ann Garland

"They're like a right hand to the company. I wouldn't want to try to do without one," says Andy Currie, personnel and safety manager with Lennox Industries (Canada) Ltd. in Etobicoke.

"Our employees appreciate having that unique source of professional opinion. Where else can they get that kind of help?" queries Vernon Harrison, general superintendent in the steel division of John T. Hepburn Ltd. in Toronto.

"It's sometimes a good idea to have an outsider come in and take a look at the situation. You can't always see the trees for the woods," assesses Herb Regier, vice-president of operations for Dupli-Color Canada Ltd. in Scarborough.

What these individuals are talking about — what companies and their employees across the province continue to benefit from and increasingly depend upon — are the contributions of the occupational health nurse to a healthy and safe work force.

With concern for the possible effects of toxic chemicals and increasingly more regulations affecting health and safety in the workplace, with the need for preventive health care, health monitoring and professional counselling on the worksite, occupational health nurses (ohn's) — either working alone or as part of a team of occupational health professionals — are proving of great value and savings to those they serve.

Traditionally perceived by many as nurses in starched white coats who sit in offices knitting afghans until a crisis occurs, "We are trying to get away from the public perception that we're band-aid specialists and nothing else," says Sue Arnold, president of the Ontario Occupational Health Nurses Association (OOHNA). "We're really becoming accepted as occupational health scientists."

Ergonomics, biostatistics, epidemiology, toxicology and research are only a few of the fields in which they may become involved in the course of their work. The traditional first aid is, in most cases, a very small part of their role.

It is estimated that approximately 1,800 registered nurses across Ontario are employed either full or part-time in occupational health — 1,000 of these are members of OOHNA, which was

established with only 140 members in 1971. Across Canada, their numbers are about 3,000, but the need for these specialists continues to grow.

Industrial nurses, as they used to be known, have branched out into a great variety of occupational settings — from manufacturing and mines to hospitals and other health care facilities, from educational institutions and office towers to construction sites. While many are employed full-time by large companies with self-contained health facilities, many others work out of borrowed offices in small establishments, perhaps visiting several different companies in the course of a week.

Small companies benefit

"In my opinion, any company with more than 10 people should have some sort of medical monitoring," says Regier of Dupli-Color Canada Ltd. "All companies can benefit from a nurse." Dupli-Color, which manufactures aerosol car paint, has 34 employees at its Scarborough plant and receives regular visits from an occupational health nurse once every two weeks. "Our employees remain healthy and potential health problems are spotted before they become

real problems," says Regier of the need for a nurse. "She investigates compensation claims for us and keeps us informed of our obligations under the Occupational Health and Safety Act."

No regulations

There are no regulations which require Ontario employers to have an occupational health nurse. Under the Workers' Compensation Act, a registered nurse or qualified first-aider is required to take charge of a first-aid room in certain companies where 200 or more employees are at work on any one shift. But apart from that, employers are not obliged to hire a nurse. And yet they do — and for good reason.

Occupational health nursing, as strictly defined by OOHNA, is "the utilization of the nursing process in a setting where the major purpose is the manufacture of a product or the provision of a service, through appropriate strategies of prevention (of disease and injury) and promotion (of health), with the main focus being worker/work/workplace interaction." These nursing strategies can be classified under: (i) behavior modification/reinforcement; (ii) environmental modification/reinforcement;



Occupational health nurse Bev Beatty demonstrates proper hair covering to a worker at Astra Pharmaceuticals in Mississauga.

and (iii) biological care and maintenance.

"How you apply the principles of occupational health nursing to the workplace depends on the workplace itself, the needs of the employees and the employer," explains Betty Anne Nurse, administrator/co-ordinator for Placement Co-ordination Service in Thunder Bay, a contract agency working for the provincial Ministry of Health in the area of long-term health care for the community. Formerly an occupational health nurse with Abitibi-Price Provincial Fine Papers and Northern Wood Preservers in Thunder Bay, "Motivating people to be responsible for their own health was one of my biggest challenges," says Nurse. "A lot of people don't take responsibility for their own well-being. They think it's someone else's job."

Other areas of concern to Nurse included ergonomics — "knowing people today are six inches taller than when the equipment was built, on older worksites. The occupational health nurse must also be more aware of the new technology and how it affects both employees and the employer."

Prevention the key

"The affect of health on work and work on health" is how Brian Verrall defines the basis of the occupational health nurse's role. Verrall, an occupational health nurse himself, is manager of the occupational health nursing program at Mohawk College in Hamilton and a nurse-researcher with the occupational health program at McMaster University. "They're hired to fill in the gap between no medical surveillance and a full medical program," he says. "More companies are now realizing that prevention is better than cure."

Prevention is indeed the main thrust of the occupational health nurse's involvement. Whether it be through medical surveillance of employees for the possible effects of toxic substances, through audiometric testing or air monitoring, through plant tours or health education, the ohn is concerned with keeping employees healthy and safe and preventing unnecessary illness or injury.

Depending on the needs and requirements of the company they work for, these nurses may conduct pre-employment physicals, participate in modified work programs, act as medical advisers to or even help initiate a company's occupational health and safety committee. Health education is another big part of their role, covering anything and everything from alcohol/drug abuse to the control of high blood pressure.

Verrall describes three different set-

tings in which occupational health nurses are at work: the single-nurse unit; the multi-nurse unit, in which they may work in conjunction with a team of occupational health professionals, including physicians and other specialists; and as an occupational health nurse in a hospital. Depending on the type of industry they are involved in, traumatic injuries and health problems or psycho-social problems (requiring counselling) may be more prevalent, he explains.

"About 40 to 50 per cent of the job is dealing with social problems, be it alcoholism, drugs among the worker's kids or other family problems," estimates Maxine Kewin, founder and president of The Company Nurse in Toronto, a service which provides occupational health nurses to companies on a permanent part-time, fee-for-service basis. If employees have personal or family problems, they will bring these problems to work, which may make them unsafe and less productive on the job — and therefore of diminished worth to the company. "When we start to work in a plant, we talk to each employee and get their social as well as medical history," says Kewin.

Referral service

While nurses are not qualified to deal with complex personal problems, they can immediately refer the individual to someone who can help. "I'm a referral service," says Karen Guillemette, an occupational health nurse with Kidd Creek Mines Ltd. in Timmins. "I always say, 'Ask me'. If I don't know, I will know someone who does. I'm often there just as someone to talk to."

Guillemette, one of three registered nurses and eight registered nursing assistants at Kidd Creek Mines, says occupational health nurses try to look at the total picture — both the employee and his or her family — in order to ensure a happy and safe person is on the job. "It's not fragmented health care," she explains.

While it is not industry's purpose to make and keep people well — producing a profit being the driving motive — companies are beginning to see that the two purposes can work together. Keeping employees safe, healthy and on the job keeps overhead down by reducing the high costs of absenteeism, workers' compensation claims and long-term disability. Absence from work, for whatever the reason, is also a major contributor to decreased efficiency and productivity.

In a Queen's University survey a few years ago, it was shown that more than 97 million man-days were lost per year

in Canada through absenteeism, roughly 11 times more days lost per year than through strike action. In general, it is estimated that 20 per cent of any employee population will account for 80 per cent of the absence — a problem which can be reduced through non-disciplinary counselling, say occupational health nurses.

Absenteeism reduced

"Very advantageous" is how Dupli-Color Canada's Regier describes their nurse's role in monitoring an absenteeism program. "She is getting people back to work faster and is following up on casual absenteeism. Instead of going on compensation, people can be properly looked after right here."

"If, through hearing conservation, a nurse can save one to three compensation claims per year," estimates Verrall, "she can save the company the cost of her own salary." He also cites the savings to a company of referring an employee for professional assistance rather than letting him or her "sweat and worry and have zero productivity" because of a problem with family or alcohol.

At Kidd Creek Mines in Timmins, a successful modified work program run by Guillemette, who looks after long-term disability among the 3,000 employees in her company, has saved compensation costs. She cites as an example the case of a man who was off work for more than four years with a serious leg disability and subsequent amputation. When a job driving a mini-bus around the worksite became available, a \$40 modification to the van's gas pedal made it possible for him to drive the van and get back to work at full wages, and thereby off compensation.

Guillemette says more than 100 employees in the last two years have been rehabilitated and placed in new jobs under her company's modified work program, to the benefit of both employee and employer. "There are definitely savings to be had," she says of the work of the occupational health nurse.

Margaret Whitley, vice-president and co-owner of Sontex Health Services Ltd. in Ottawa, agrees a nurse can be a money-saver to a company. "And while they haven't traditionally been thought of as business-minded, that's changing," says Whitley, who has 25 to 30 occupational health nurses working part-time in a number of Ottawa-area companies. Like The Company Nurse in Toronto, Whitley's service is geared to small companies which can't afford a full-time nurse, and to companies which, for economic reasons, have had to let their full-time nurse go.

"Employees tend to count on us coming in once they get to know us, which takes time," explains Whitley of the nurse's special relationship with a company's workers. "They're asking for us more often."

Nurse of Thunder Bay says employees regarded her company's occupational health centre as "an advocate, an agent on their behalf — they developed trust. And when employees perceive management cares, they have a better relationship with that company." Improved morale is definitely a product of such services.

Walk a thin line

The role of the occupational health nurse is not without inherent difficulties. Hired by management, he or she is responsible to the employees, whose confidentiality must be guaranteed while, at the same time, fulfilling certain duties for management. "She has to walk a very thin line," admits Currie of Lennox Industries. "She must maintain the trust of the employees and has to answer to us."

"It's a difficult role. It takes a lot of fortitude to maintain a balance between management and employees," agrees Arnold, who is supervisor of the health centre and industrial hygiene program co-ordinator for Port Weller Dry Docks, a Division of Upper Lakes Shipping Ltd. in St. Catharines.

"Patience" is what Nurse contends occupational health nurses must have a lot of. "You have to keep drawing their attention to concerns," she says of management. Nurse says she should have had more access to the top in her company — that a lot of health and safety priorities were not considered as much as they should have been. "The changing role of the nurse is not being fully accepted — it never will be as long as she's not considered a full contributing member of the occupational health and safety team," she states. "Depending on the management structure, it may be hard to move forward."

At Kidd Creek Mines, however, "They have never said no to me yet," claims Guillemette. A model toxicology program, successful alcohol/drug abuse program and modified work program are among progressive projects she has been a part of. Plans for the near future include a multi-phase health program for employees — the performance of several tests by nurses in order to identify potential health problems (such as hypertension, diabetes) and refer the individual for speedy diagnosis and treatment. "The frustration is that there's just not enough time in the day to do everything I'd like to," she concludes.

At Dofasco in Hamilton, Gord Limin, assistant supervisor in the Medical Department and an occupational health nurse, is working on a pilot project which, in his words, is "taking the flag into the plant now." In simpler terms, he is talking to people in the plant, telling them about the medical services available to them and actually experiencing different kinds of shift-work so as to better identify with the problems some workers may be having.

"Right now, people come to us when they get hurt or have problems," he explains. "We want them to come to us before they get hurt." Of the need for long-term preventive health care in industry, Limin says, "People should be able to enjoy their grandchildren when they retire after 30 years here."



Maxine Kewin of The Company Nurse discusses hearing protection with a worker at Upper Canada Manufacturing in Etobicoke.

Photos by Antonio Barone

Occupational health nurses and many employers alike agree that a greater need for their services lies with small companies across the province — companies which, in fact, make up the vast majority of businesses in Ontario. While small companies can usually least afford to hire a nurse, the benefits of doing so are just as many. And with the availability of part-time nursing services, employing an occupational health nurse is more affordable now.

"Some employers still have to be sold on the nurse — they just haven't been convinced yet," admits Marg Godin, senior nursing consultant with the Occupational Health Branch of the Ministry of Labour. To this end, Godin and a team of nursing consultants across Ontario make visits to various companies in hopes of convincing more employers to either start an occupational health program or, if warranted, to

improve on existing services. "We act as a resource for both employers and occupational health nurses," she explains.

Occupational health nurses themselves are seeking more information in order to keep abreast of the continually changing work environment, the constant introduction of new chemicals and new technology. Continuing education and diploma courses available to them at the community college and university levels are, for the most part, full to capacity. For example, 90 per cent of the approximately 50 nurses working for The Company Nurse in Toronto are taking community college collaborative courses on their own time, says Kewin.

Certification

While, to date, occupational health nurses require no specific occupational health training, education or experience (apart from their RN) to work in Canada, that too is changing. As Arnold of OOHNA explains, "Certification by exam will hopefully be available in 1984 — the first certification of this type in Canadian nursing." Examinations are in the final stages of being set and credentials will be administered by the Canadian Council for Occupational Health Nurses, a body formed exclusively for this purpose. While certification will be on a voluntary basis only, it should give added recognition and credibility to a hard-working, essential group of occupational health professionals.

The role of the occupational health nurse has certainly come a long way since the first Canadian nurse was hired by the Plymouth Cordage Company of Welland, Ontario in 1908. And it continues to change. "When I first started, employers didn't know what I was talking about," says Kewin, who has been working in the profession for about 25 years.

"It's a challenge, knowing that you can change things, make things better in the workplace," says Nurse. "Nothing came easy, but working towards a goal gave me a lot of satisfaction."

Of his role, Limin adds, "I like the freedom to think and act for myself and to keep a finger on what's going on in the world."

"It's a totally different slant on nursing," explains Verrall. "Our clients are usually well people." He likes "the excitement of never knowing what's coming through the door next. There's never a dull moment."

As Arnold sums up her role and its worth, "It's the opportunity to improve the quality of life and working life as well." ■

Employers ask...

Policies and procedures at the Workers' Compensation Board have been the subject of almost constant discussion between the Board and the province's employers, workers, small business representatives, unions and other interested parties over the Board's 69-year history.

This essential flow of communication and exchange of concerns has been no stronger than at present. Whether through correspondence, personal visits, telephone enquiries, seminars or speaking engagements across the province, the Board strives to answer these concerns and clearly explain its policies at every opportunity.

Some of the most common employer queries directed to the Board involve subjects as diverse as assessments and extent of Board coverage.

A sampling of some basic questions — and brief answers — may prove useful in better understanding the Board's operations and services.

Q. What is the purpose of the Workers' Compensation Board?

A. The Board provides workers with compensation, medical and vocational rehabilitation services for work-related injuries and disease, and provides employers with protection from legal action against workplace accidents. All benefits and the operation of the Workers' Compensation Board are funded by Ontario businesses. Employers pay 100 per cent of the cost.

Q. When does this coverage come into effect?

A. Generally speaking, coverage comes into effect the day a business starts employing help in the province.

Q. Explain employer coverage.

A. There are two types of employers covered — those under Schedule 1 and Schedule 2 of the Workers' Compensation Act.

Employers in Schedule 1 are collectively liable for the cost of accident claims filed with the Board on behalf of their employees. These claims are paid out of an accident fund established by annual Board assessments on these employers. All businesses employing help under Schedule 1 are compulsorily covered.

Schedule 2 employers are self-insurers and are individually liable to pay compensation and medical aid for their own injured workers.

It should be noted that when a firm commences operations in Ontario, the Workers' Compensation Board should

be contacted to determine whether the business is compulsorily covered under Schedule 1 of the Act.

Q. What are some of the industries and services covered under Schedule 1?

A. These include accounting firms, general construction, farming, hotels, hospitals, logging, manufacturing, mining, printing/publishing, restaurants, retail, service stations, trucking and wholesale.



Q. What about Schedule 2?

A. There are approximately 460 active employers in this group, which includes provincial and municipal governments, boards and commissions, certain transportation and communications companies, and crown corporations.

Q. What are some of the industries and services not automatically covered under the Act?

A. Among these are beauty salons, barber shops, amusement parks, bowling alleys, clubs, churches, doctors and trade unions.

Q. Can industries not listed obtain coverage?

A. Employers in industries which do not automatically fall under the Workers' Compensation Act may apply to be included in Schedule 1 at the discretion of the Board.

Q. How many workers must an employer have in order to register with the Board?

A. There is no minimum or maximum number of workers required in order to register.

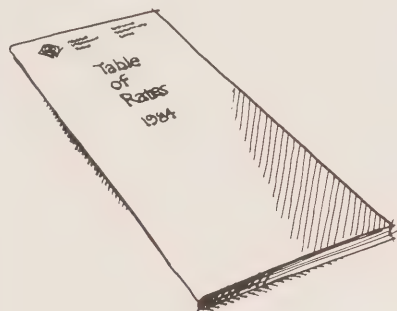
Q. What are some of the major benefits to employers of workers' compensation?

- A.**
- It levels out the costs of occupational injuries and disease for Schedule 1 employers under the collective liability principle.
 - An employer's injured workers are effectively cared for.
 - Expensive and disruptive lawsuits are avoided.



Q. How are assessments on employers determined?

A. All employers are divided into 108 separate rate groups, each with its own assessment rate. These rate groups are generally related to an industry's end product or type of service provided. Employers producing similar products are grouped together and pay the same rate of assessment. Assessment rates are calculated for each rate group, based on the accident cost experience for the rate group as a whole. Employers are assessed a certain rate for each \$100 of assessable payroll.



Q. Can payroll be assessed under more than one rate group?

A. An industry, including its various operations, is usually regarded as a unit and is assessed under one rate of assessment. Where an employer has two or more industries, each operation carried on as a business or trade for profit or gain, and there is a definite segregation of payrolls, each industry will be assessed according to the rate to which that industry belongs.

Q. How are rates of assessment developed?

A. When developing rates, the Board's actuary reviews the recent accident cost experience of each rate group, and considers technical and social data from outside sources for possible impact. Where a particular rate group shows a shortfall, it may be necessary to increase the assessment rate for the following year. By the same token, where a rate group shows a surplus, the assessment rate for the following year may be reduced.

Q. What if a particular rate group suffers a severe loss?

A. A disaster reserve is provided for the purpose of assisting any rate group with abnormal losses in any year.

Q. How do employers report to the Board?

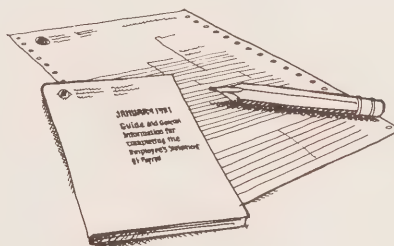
A. New businesses or enterprises should register with the Board by contacting the Revenue Branch. Annual reporting of payroll information is done on the Employer's Statement of Payroll form, which the Board sends out at the end of each year. These forms are due at the Board's office by the last day of February of each year.

Q. What is considered to be wages/earnings for assessment purposes?

A. Included are wages (before deductions and subject to an annual maximum) and any remuneration capable of being estimated in dollar terms, such as pay by hourly rate, piece work, salary, commission, vacation pay, board, bonus, allowance, or taxable benefits.

Q. Can an employer make a revision after the Employer's Statement of Payroll has been filed?

A. Yes. Any revisions to the actual or estimated wages reported can be made in writing. If it is found during the year that the estimate is too low or too high, an employer should immediately submit a revised estimate. This revised estimate must be the total estimated earnings for the full calendar year.



Q. Does the Workers' Compensation Act protect workers only?

A. No. Sole proprietors, partners and spouses involved in the business, independent operators and executive officers of corporations are not covered automatically by workers' compensation, even though their business is covered. However, if they wish, they may request personal coverage under Section 11 of the Workers' Compensation Act. When this coverage is in effect, the applicant becomes a worker under the Act and the right of damages in the event of a work-related accident is restricted. Before this protection can be extended, it is necessary for the applicant to sign for coverage. This is to ensure that applicants are aware of their status under the Act.

Q. What amount of coverage would someone who applies for personal coverage have?

A. Executive officers with personal coverage are covered at their earnings, including any dividends, subject to a minimum and a maximum set by the Act.

Independent operators, sole proprietors, partners and their spouses involved in a business must estimate their earnings subject to a minimum and a maximum, and are covered at this estimated amount. The estimate can be increased or decreased during the year to reflect a change in earnings by submitting a signed request to the Board, specifying the new amount. The new amount would be effective on the date the request is received in the Board's office.

Q. How much does personal coverage cost?

A. The cost is determined by the rate of assessment which applies to the individual's particular industry.

Q. Are workers covered if they are sent out of the province of Ontario?

A. Where the worker's residence and usual place of employment is in Ontario, coverage is continued automatically when he or she is sent on a temporary assignment out of the province on business, provided the period of employment outside Ontario is less than six months.

Q. What if the assignment takes longer than six months?

A. If the assignment outside of Ontario is longer than six months, a request for extended coverage may be made.

Q. Who is responsible when work is let to contractors?

A. The employer, known as the principal, is required to ensure that contractors or sub-contractors report and pay their assessments to the Board.

Q. When are contractors or sub-contractors required to report to the Board?

A. They are required to report if the contractor or sub-contractor is employing help in an industry that is compulsorily covered. ■



Graphics by Dave Reppen

SHORT TAKES

Russian Faradism may speed rehabilitation



This machine will be used in the study of Russian Faradism at the Board's Hospital and Rehabilitation Centre.

"Russian Faradism" may prove to be useful in speeding the rehabilitation of injured workers.

A research study to commence in April at the Workers' Compensation Board's Hospital and Rehabilitation Centre (H&RC) will be looking at the feasibility of using this muscle-strengthening technique — also known as electromyostimulation (EMS) — to help injured workers recover more quickly, and ultimately get back to work.

Faradism is essentially a low frequency alternating current which, when applied to the body (through electrodes placed at both ends of the muscle) stimulates the motor nerves to produce muscle contractions. Physiotherapists have, for years, been using the technique on patients to maintain muscle bulk and strength when a nerve is damaged, to increase blood supply to the muscle, and to prevent adhesions from forming when a limb or other part of the body is immobilized.

Russian Faradism is a medium frequency Soviet-introduced variation on the Faradism technique which, promoters claim, causes a significant increase

in muscle strength following 20 to 25 treatment sessions.

While research on the subject has been conducted worldwide, most studies have involved fit young athletes. The Soviets claim the technique is very effective in training healthy muscle for sports and is useful in the rehabilitation of weak muscles.

Research at H&RC is the first to specifically study the effects of Russian Faradism on injured limbs. This may pave the way for wider use of the treatment in the rehabilitation of injured workers. The study has been designed to compare the effectiveness of strengthening the quadriceps (thigh) muscles with this technique and with isometric exercise.

A large group of injured workers will participate in the study, with results expected in 12 to 18 months.

International agreement

The Greek and Ontario Workers' Compensation Boards are now able to provide better service to workers living in both jurisdictions, following the signing of a historic memorandum of understanding.

After two years of negotiations between the Workers' Compensation Board of Ontario and the Ministry of Social Security, Greece (IKA), Board Chairman Lincoln Alexander and other Board representatives met with Greek consular officials in Toronto to sign the agreement.

Under the reciprocal arrangement, a worker injured in Ontario who has relocated in Greece and requires additional examinations or medical treatment may have these services carried out by IKA. This may be necessary, for example, if a worker receiving a Workers' Compensation Board pension finds that his or her condition has worsened once in Greece. The same policy applies to workers receiving compensation from IKA while living in Ontario.

A joint committee of Workers' Compensation Board and IKA representatives has been established to monitor the agreement, settle disputes and deal with any future amendments.

The Board signed a similar agreement with Italy in 1980.



Lincoln Alexander, Chairman of the Workers Compensation Board, and John-Alexander Thomoglou, Consul-General of Greece, sign reciprocal agreement in Toronto.

Photo by Antonio Barone

Photo by McKenzie-Darg Ltd.

SHORT TAKES

Construction industry tests experience rating

The construction industry in Ontario began a two-year trial period of experience rating for Workers' Compensation Board assessments, effective January, 1984.

The rating plan was devised by the Construction Safety Association of Ontario and the Council of Ontario Contractors Associations, in co-operation with the Board.

All 11 workers' compensation rate groups in the construction industry will be included in the two-year trial program, which will have the effect of making an employer's assessment correspond more closely to the firm's actual performance, in terms of both accident frequency and accident costs.

Refunds will be made to those employers with good performance and sur-

charges will be levied against those with poor performance. Safeguards have been built into the system to protect small firms against burdensome additional charges.

It is the Board's hope that this trial program will be an effective incentive to reduce accidents in the construction industry.

1984 assessment rates

The Workers' Compensation Board announced its 1984 rates for Schedule 1 employer assessments following meetings with business representatives from across Ontario.

The new rates represent a 13.6 per cent increase in the average rate over 1983, the estimated average rate for 1984 being \$2.17 per \$100 of assessable payroll.

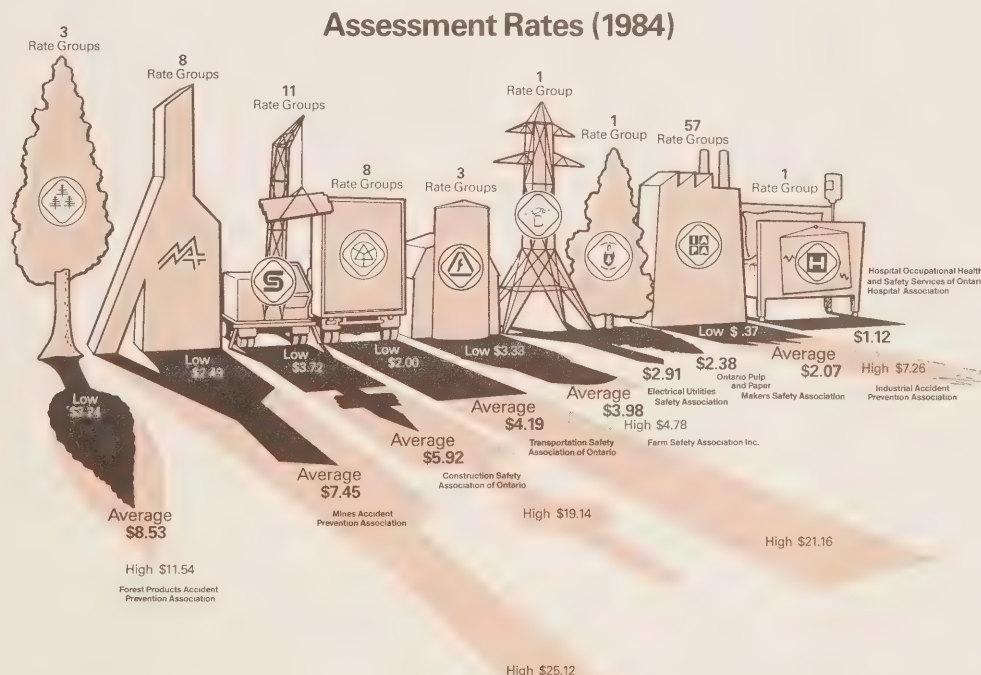
Workers' compensation is funded entirely by employers through payroll assessments, which for 1984 have an earnings ceiling of \$25,500 per employee. The Accident Fund established by employer assessments is used to finance the services and benefits provided under the Workers' Compensation Act.

An earnings ceiling is also used in

determining compensation benefits payable to injured workers or their dependants. The ceiling used in calculating benefits was raised in December, 1982 from \$22,200 to \$24,200, retroactive to July 1, 1982, and, then again, to \$25,500, effective July 1, 1983, by legislative amendments to the Act.

Average assessment rates among industries, by affiliation with provincial safety associations and weighted by assessable payroll.

"Rate Groups" refers to the number of different industry rate groups (for Board assessments) in each safety association. Rates are assessed per \$100 of assessable payroll.




Graphic by Dave Reppen



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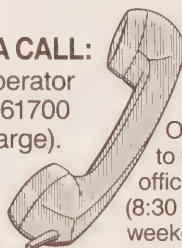
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Vol. 7 No. 2, 1984

Rapport

Fit from 9 to 5

Whatever happened to the surge of interest in keeping fit while on the job? Employers and employees across Ontario continue to reap the benefits of employee fitness programs.

Ergonomics put to work

The design of work, and the equipment we depend on to do it, can be made more in tune with human abilities and limitations. The agricultural workplace is just one of many that can benefit with the help of ergonomics.

Strides in rehabilitation

The many complex problems faced by the disabled, and new ways of overcoming them, was the subject of an important international gathering in Ottawa.

1 Medically speaking

The Workers' Compensation Board's executive director of Medical Services, and his province-wide staff, face many challenges in helping Ontario's injured workers back to health.

4 Short Takes

New responsibility for occupational health and safety education in the province and an international agreement affecting injured workers are the subject of news items in this issue.

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Workers' Compensation Board

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Rapport. It's a magazine with a new name and a new face. It's the same publication you've been receiving all along, but different. It's what you've known as *WCB Report*, but it isn't. It's *Rapport*, a publication of the Workers' Compensation Board, now appearing in both English and French in order to continue meeting the changing needs of Ontario's working men and women. *Rapport* welcomes our new French readership, as well as the continued support of all *WCB Report* readers.

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Time out for fitness

Employee Fitness Programs

by Boyd Neil

Fitness facilities at Hiram Walker and Sons Ltd. in Windsor are available to employees 24-hours-a-day.

The growth of employee physical fitness programs may have faltered during the recent recession, but many companies across Ontario — both large and small — still enthusiastically offer employees the opportunity to participate in exercise programs at work, whether before or after hours or during lunch breaks.

While there are no accurate figures on the number of companies in the province with some form of fitness program (Fitness Ontario is currently conducting a study to determine the number), Glen Jones,* employee fitness coordinator with Fitness Ontario, says more and more enquiries are being received.

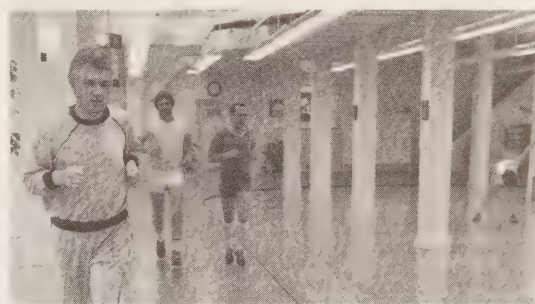
Ronald Weese, director of physical fitness at Seneca College in Toronto, sounds a cautionary note however: "We get a lot of calls for information about them, but it is a moot point as to how many of those companies follow through. Interest in employee fitness programs may be dying off." Nonetheless, Weese agrees that employee fitness programs are an important factor in improving the quality of working life in the province — in contributing to a happier, healthier and, in the long run, safer employee.

Fitness has become such an integral part of contemporary living, as reinforced in the pages of lifestyle magazines, that one could readily assume we have become a province of Spartans. It may come as a surprise, then, to learn that most people in Ontario still don't exercise regularly.

A study conducted by Fitness Ontario, a division of Ontario's Ministry of Tourism and Recreation, determined that only about 40 per cent of Ontario adults exercise at least three times per week. More important, the study concluded that, while 50 per cent of professionals and executives participate, only 33 per cent of blue-collar workers do the same.

This lack of physical activity and its possible impact on safety is extremely hard to gauge. Some work-related accidents clearly have nothing to do with the fitness of individual workers. Back injuries on the other hand, which accounted for 41,785 claims to the Workers' Compensation Board in 1983, are a significant grey area with regard to the possible preventive effects of fitness. General fitness, with particular regard to maintaining proper body weight, may well be reflected in improved flexibility of the back.

Common sense tells us that a fit person is less likely to suffer injuries caused by physical stress than someone who is out of shape. "It is difficult to say for certain, but experts believe that a well-tuned body will react much better to physical stress," says Alex Frickleton,* supervisor of remedial gymnastics at the Workers' Compensation Board's Hospital and Rehabilitation Centre. He adds the proviso, however, that "even a well-tuned machine will only stand so much abuse."



Fitness Ontario

Safety is not usually the chief motive behind a company fitness program, but improved on-the-job safety is certainly a welcome by-product. Companies, however, are more impressed by findings such as those reported recently in the *Journal of Preventive Medicine*. In that publication, Roy Shephard, director of the School of Physical Health and Education at the University of Toronto, concludes that the benefits of employee fitness programs "include an increase of worker satisfaction, a decrease of absenteeism and turnover, and an increase of productivity."

Among the many companies across Ontario that have discovered such benefits firsthand are The Manufacturers Life Insurance Co. in Toronto, Hiram Walker and Sons Ltd. in Windsor, and J.S. Redpath Ltd. in North Bay, to name a few.

The fitness program at Hiram Walker and Sons Ltd. distillery in Windsor, explains industrial relations director Tony Dillon, arose more out of their concern for the quality of working life than out of a need to reduce absenteeism or to increase productivity among their 880 employees. Since 1976, employees have been able to work out 24-hours-a-day in the company's second-floor gymnasium, which is now equipped with a banked running track, weights, rowing equipment and bikes, and is supervised by six specially-trained employee instructors.

The employee fitness program has proven enormously popular, says Dillon. On any given day, an average of 70 to 72 employees use the gym. In 1983, the program was used for a total of 10,359 hours, down slightly from the previous year as a result of reduced employment at Hiram Walker.

Dillon says he's sure that a good portion of those hours are put in by new converts to employee fitness. "The graph showing the number of people involved in the program is increasing faster than the graph showing greater participation time," he explains. Fortunately, some of the converts are among Hiram Walker's younger plant employees, the group who stand to gain the most from the program but who, until now, comprised only 30 per cent of active program participants.

"People have a far better attitude towards each other, are easier to get along with and will work off job strains in the gym."

Reducing absenteeism was not a motive for initiating Hiram Walker's employee fitness program but, as Dillon reports, there is no question that it has served that purpose. In addition, "People have a far better attitude towards each other, are easier to get along with and will work off job strains in the gym," he explains.

Employees of J.S. Redpath Ltd. in North Bay pay \$10 to \$15 to use the company's fitness facilities for a four-month period.



Fitness Ontario

J.S. Redpath Ltd. of North Bay, a mine engineering firm with a much smaller staff than Hiram Walker, is equally satisfied with their employee fitness and lifestyle program. The program commenced in 1981 after a feasibility study prepared by fitness consultants revealed that 90 per cent of employees were in favour of the plan. When the company moved to new quarters, included was a 5,000-square-foot fitness centre complete with Hydra-Gym equipment, an indoor running track, lockers, change rooms, showers and a good sound system.

With the assistance of a full-time in-house co-ordinator, Redpath employees are offered a choice of exercise classes, dancercise, yoga, floor hockey, aerobic circuit training and jogging. Interested employees pay a small fee of \$10 to \$15 for a four-month period. More than half of Redpath's approximately 130 employees participate in the program's activities.

In a 1983 report for a Nipissing Board of Education task force studying human resources development programs, J.S. Redpath concluded that its program contributed to improved work performance, improved camaraderie and morale, and an ability among employees to withstand more stress.

While the relationship between the employee fitness program and safer work practices can only be inferred, good fitness "gives workers a better mental picture of themselves, which may mean they will be more conscious of not damaging the body of which they are now so proud," says Frickleton.

Janet Connors* says there may be a closer kinship between fitness and the back problems which plague some of the 1,200 employees of The Manufacturers Life Insurance Co. in Toronto. Connors is a fitness consultant on contract to Manufacturers Life from Canhealth Systems of Toronto to oversee the insurance company's new 18,000-square-foot fitness centre. "There is evidence to suggest that a number of people here have seen their back problems alleviated since beginning regular exercise," she says of the program.

There is little doubt that the comprehensive employee fitness program at Manufacturers Life will make a difference to the well-being of employees in the long run. With a banked, rubberized indoor track (80.3 metres), two group exercise areas (one with a sprung hardwood floor for dancercise classes), Nautilus and Hydra fitness equipment, dumbbells, hoola hoops, showers and change rooms, its facilities match those of many private gyms.

Some 200 to 300 employees work out on a daily basis, either alone or in one of the numerous fitness classes which are conducted throughout the day. Membership has now reached 730, or about 40 per cent of the company's employees, who pay \$10 per month to participate.

In addition to regular fitness programs, Connors and fellow consultant Jennifer Lamb offer nutritional advice to employees, plan pre- and post-natal exercise programs, and give stretch-and-strength classes. All employees who participate in a fitness program must first undergo a fitness assessment, which is conducted on the premises.

Three-step process

The employee fitness program at Manufacturers Life is the result of a three-step consultation process carried out by Canhealth Systems. The first step, explains Canhealth operations manager Mark Clark, was a rationale study in which senior management was given the opportunity to describe how it saw the program. The second step was a survey of a random sample of employees, in order to determine what form they felt the fitness program should take, what types and frequency of program there should be, and whether they would be willing to pay for the service.

The final step was the preparation of a feasibility study by Canhealth on the proposed facilities, which included specifications for the facility's layout and equipment needs, as well as a cost analysis of the program.

The cost to a company of an employee fitness program depends on several factors, namely the initial capital outlay for equipment and space, the use of volunteer employee instructors versus full-time fitness instructors, and the degree of employee participation in defraying the cost of the program.

In his study, Shephard estimates the cost of the activity (as opposed to capital) component of a fitness program to be \$100 to \$350 (U.S. dollars) per year for each of five to 50 participants, \$250 to \$350 for each of 75 to 250 participants, and \$200 to \$350 for each of 400 to 850 participants. Shephard balances this against a potential saving to the company of \$744 per worker per year, putting a dollar value on such benefits as worker satisfaction, improved lifestyle and decreased turnover.

Companies across the province interested in setting up their own fitness program (whether as involved as these or on a much smaller scale) can turn for advice to Fitness Ontario, which provides detailed information on how to set up a program and who to contact for further assistance.

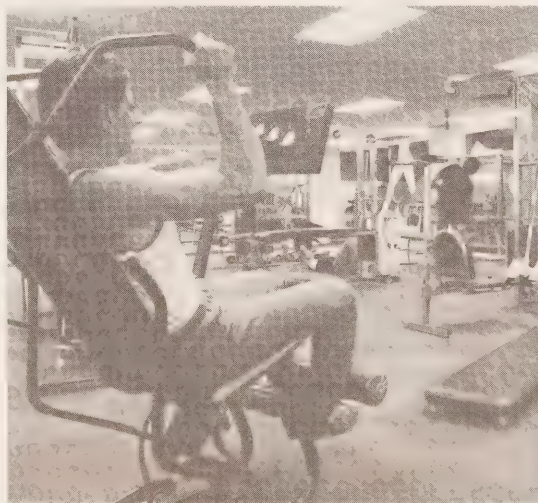
Wintario grants are available through the Ontario Ministry of Tourism and Recreation to any employer or employee group interested in starting an employee fitness program. These grants can be applied to defray 50 per cent of the cost of consultation services and of training

program leaders, promotional expenses, fitness testing expenses, and the cost of an evaluation report on the program, among other items. Application should be made through one of the Ministry's local field offices.

The momentum towards more employee fitness programs may, in fact, be declining, as Weese and others believe. Until Fitness Ontario completes its study, however, it still remains to be seen.

Whatever the case, evidence of programs such as those at J.S. Redpath, Manufacturers Life, and Hiram Walker clearly demonstrate that employers (and employees themselves) should look again at the benefits of employee fitness to the well-being of their employees, to decreased absenteeism and, in the end, to their improved safety on the job.■

* Since this article was written these individuals have left their respective organizations.



Some 730 employees are members of the Manufacturers Life Insurance Company's new 18,000-square-foot fitness centre in Toronto.

By taking account of life science knowledge of human characteristics in the design of jobs and the machines we use to do those jobs, the scene can be set for improvements in productivity, safety, individual well-being, job satisfaction and efficiency.

Ergonomics

and the Agricultural Workplace

by **R.D.G. Webb, Ph.D.**

Assistant Professor, Ergonomics Unit
School of Human Biology
University of Guelph

In terms of the responsibilities and tasks associated with earning a living, those involved in agriculture are as varied and demanding as any. People working in various aspects of agriculture do so under a wide range of conditions; the work is frequently strenuous; complex and costly machinery must be bought, operated and maintained; difficult skills must be mastered; and all of the usual management techniques needed to run a business must be acquired and applied.

The success of any business organization depends on the ability and desire of individuals, with widely differing characteristics to make their contribution to the whole as effectively as possible. This effectiveness, however, can be reduced in many ways: fatigue reduces attentiveness; injuries remove valuable workers temporarily or permanently; difficult working conditions use up more of an individual's limited physical reserves; and monotonous and uncomfortable work reduces motivation.

One notable aspect of many agricultural businesses is that several tasks must be performed by one or two people, assisted by part-time or seasonal helpers. Anything which lowers their effectiveness or unexpectedly removes even one experienced worker from the scene can cause major problems. To remain competitive, everyone involved must push themselves to the limit.

Fortunately, the design of work can be made more tolerant of human limitations, so that stress is reduced and effectiveness improved. Ergonomics is a science which sets out to do this, by focusing on human beings in occupational systems.

By taking account of life science knowledge of human characteristics in the design of jobs and the machines we use to do those jobs, the scene can be set for improvements in productivity, safety, individual well-being, job satisfaction and efficiency. Ergonomics offers an approach to integrating people more effectively into any organization, so that work becomes safer, more humane and more fulfilling.

The starting point of this approach is illustrated by the simple man/machine system, the basic components of which are shown on page 6. The tractor at the bottom of the illustration represents any industrial process. It could be as simple as lifting a sack of grain or a hay bale, or as complex as controlling a combine harvester. Such processes are always changing, often several times every second.

The operator at the top of the illustration controls the process. To do this, complex information, often from several sources simultaneously, must be taken in, evaluated and acted upon.

The model emphasizes the interdependence of man and machine. Information input, decision-making demands, and controls of the system must not only be relevant to the process but, equally important, compatible with human capabilities and limitations.

Information is acquired through the senses, which means that sensory limits must be considered. People have limits to the amount



and rate of information they can handle. Past experience needs to be organized so that future events can be better anticipated. Control over the process must also be exercised through devices that take into account human limits in reach, endurance, ability to apply force, and more.

Environmental conditions pose further problems. Every activity in the system takes place in a certain set of environmental conditions, both physical and social. Factors such as endurance, sensory ability and musculo-skeletal stress will be affected by heat, noise, lighting and vibration. The social environment — responsibility, peer pressure and supervisory attitudes — will all act to affect an individual's motivation to perform well or to stay in the job at all.

It is sometimes easy to overlook that we all vary person to person and from time to time. Age, experience, size, strength, expectations and attitudes all contribute to our personal uniqueness, as well as to the way we interact with the systems within which we work.

We are all familiar with shortcomings in our own jobs, but different occupations have more in common than we perhaps realize. For example, awkward, heavy containers, poor visibility in vehicles, inadequate maintenance instructions, poorly placed controls on machines, adverse environmental conditions — such conditions exist in most industries. Agriculture is no exception.

Research in ergonomics has provided useful insight into topics as varied as prevention of lifting injuries, vehicle and building design, training and worker fatigue. An increasing number of studies on the subject have relevance to agriculture, either directly or indirectly.

For example, one early study examined spinal and visceral damage among tractor drivers in Germany. Higher levels of damage were found among these individuals than among non-drivers. In many instances, the drivers themselves did not report any symptoms (such as low back pain) even when early signs of damage were apparent during clinical and radiological examination. Visceral damage such as ulceration was worse for drivers who ate meals while driving or who drove without allowing sufficient time for digestion.

In a recent survey of health factors among Ontario dairy farmers, conducted by the School of Human Biology at the University of Guelph, vehicle vibration was often reported as a major stress and was associated with low back pain.

The forestry skidder is a vehicle similar to many used in agriculture. In a field study of skidders by the ergonomics unit at the University of Guelph, impact vibration was considered to be a major source of stress, especially when associated with a twisted posture. Just bracing oneself inside the vehicle required significant effort. Failure to do so often resulted in being thrown against the inside of the skidder.

All vehicle drivers have to mount and dismount the machinery. It was found that mounting and dismounting usually occurred some 200 times daily for skidder operators. Slips and falls were common. Yet many large vehicles are inadequate in terms of grab handle and step placement.

The Centre for Occupational Health and Safety at the University of Waterloo, as commissioned by the Construction Safety Association of Ontario, has studied exit and entry systems for heavy construction vehicles, and made recommendations for grab handles, step placement and dimensions. Similar work has been undertaken in the United Kingdom, with agricultural tractors as the specific focus of attention.

Problems with posture are as important in agriculture as in most industries. Maintenance of prolonged or awkward postures puts considerable stress on the part of the musculo-skeletal system involved. In the ergonomics department of the National Institute of Agricultural Engineering in the United Kingdom, a laboratory



method for studying tractor seats under simulated field conditions has been under development. Studies which take into account twisted driving postures have been undertaken and several production seats evaluated.

In a study of a related problem in British Columbia, posture problems among seasonal labour employed to pick strawberries were investigated. A device designed to reduce the musculo-skeletal demands of the task was also evaluated.

These examples illustrate only a small range of the research applicable to human factors in agriculture. The studies mentioned looked at heavy vehicles, vibration and posture problems, but examples could have easily covered lifting stresses and the design of milking parlors, among many other combinations. In several cases, research was not carried out within the agricultural industry, but such studies nonetheless provide pertinent information.

Although many studies have indicated ways and means of enhancing human well-being and performance within a particular man/machine/environment system, the difficulty often lies in defining the problem in a specific case and, then, in finding the relevant data.

In some cases, it will require professional knowledge of ergonomics to assess existing conditions. In many cases, it may simply be a matter of knowing where to look. In all cases, however, nothing is possible without knowledge of the specific context in which the job takes place.

In short, all the experts in the world are useless without the help of the person on the job. It is that one individual who knows more about the day-to-day demands and objectives of the system than anyone else.

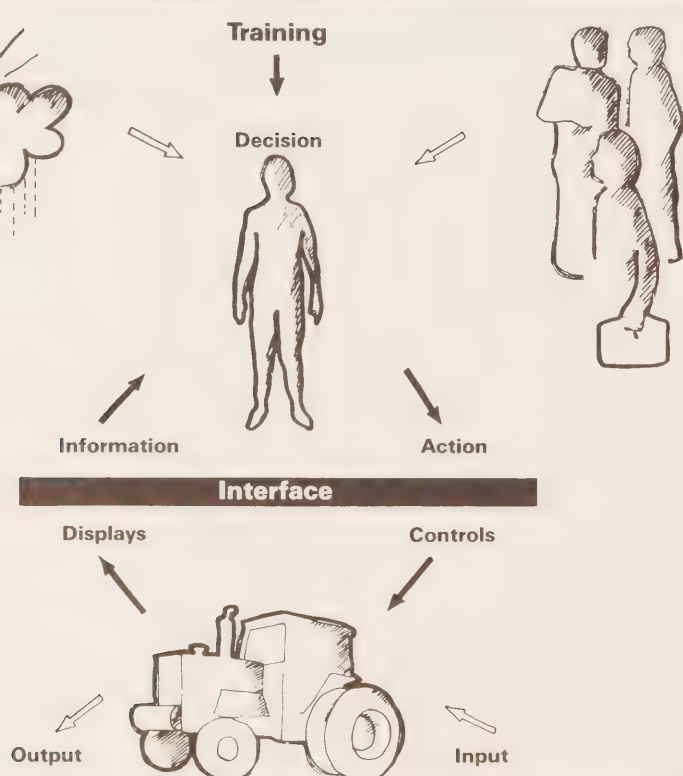
The key to successful application of ergonomics, then, is collaboration — collaboration between the research and occupational communities. As often as not, potential improvements or problems go unrecognized because of a lack of communication between the occupational and scientific communities. In this process, a major contribution must come from both the research scientist and from individuals in the industry concerned.

Grass roots education will increase awareness of ergonomic issues. By carrying this awareness into purchasing and job design decisions, improvements will gradually be effected.

In many European countries, the man or woman running the tractor or working on the manufacturing line is already well informed on the subject of ergonomics. When this happens in Canada, we will know that ergonomics has started to have an impact.

The most cost-effective time to put knowledge of human factors to use is when a new facility is being designed and built, or when a major purchase is being considered. With consideration for the people who have to work in the system, long-term effectiveness will always be enhanced.

Perhaps one way to make a significant impact on the present appalling cost of work injuries in every industrial society is through the systematic application of our knowledge of human characteristics in every work process. By building knowledge of human factors into our occupational organizations, we can not only reduce accidents, but can also enhance the effectiveness of those systems and the quality of our working lives. ■



**FOR FURTHER INFORMATION ABOUT
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CONTACT:**

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International Conference on *Rehabilitation*

by Boyd Neil

For five days this summer, 1,100 leading scientists, doctors, teachers, engineers, and rehabilitation specialists from 20 countries converged on Ottawa's convention centre — their purpose, to discuss new ways of dealing with the complex problems faced by the disabled in adjusting to their disability and in creating a place for themselves in society.

The second International Conference on Rehabilitation Engineering, which takes place every four years, was sponsored by the National Research Council of Canada, the Rehabilitation Engineering Society of North America, and the Canadian Medical and Biological Engineering Society. Conference chairman O.Z. Roy of the National Research Council called the event a "great success", particularly with respect to participation by the disabled themselves.

Proceedings at the conference concentrated on the ways in which engineering technology can be used to assist the disabled in every aspect of their daily lives. The approximately 285 scientific papers presented ranged from "A New Manufacturing Method of a Cosmetic Glove" to "Designing Software for the Control of Technical Aids".

Perhaps the most noteworthy event for the non-engineers among the delegates was a day-long special session devoted to vocational rehabilitation. It dealt with the implications of new technological developments on employment possibilities for the disabled.

Delegates were particularly impressed with the first presentation of the day by two West German scientists and industrialists — Dr. K.A. Jochheim and his colleague, Dr. E. Mittelsten-Scheid. Dr. Jochheim presented a brief historical survey of the impact of technology (particularly on veterans after World War I) on training the disabled for the job market.

Dr. Jochheim's colleague continued with a description of a new system they developed for matching the abilities of rehabilitated workers with job requirements. Called "Ertomis", the system is the result of their belief that, given an appropriate job, the disabled are as effective as able-bodied workers.

In a study of 170 disabled employees in an electrical fixtures plant, conducted by Dr. Jochheim and Dr. Mittelsten-Scheid, it was determined that those who were given a job

which suited their strengths and limitations demonstrated neither higher absenteeism nor lower productivity than their able-bodied counterparts.

"The crucial question is finding the right job," said Dr. Mittelsten-Scheid. That's where Ertomis comes in. Ertomis uses an "abilities" profile — a distillation of what the World Health Organization has defined as 62 functional implications of disabilities — to determine what a disabled person can do. The profile is then compared to a "requirements" profile, which assesses a job on the basis of its physical and mental demands. Simple comparison of the two profiles will indicate how appropriate a specific job is for a disabled person.

Much of the discussion at this special session concerned the impact of micro-computers on the job market for disabled people. C.G. Warren, clinical associate professor of the Department of Rehabilitation Medicine at the University of Washington, sees computers as a potential "substitute for physical limitations."

Under the auspices of Warren's own consulting company and the Washington State Division of Vocational Rehabilitation, 20 severely disabled people were successfully trained and employed in computer programming recently. As these individuals discovered, many physical limitations to computer operation can be ingeniously and simply overcome.

For example, Warren pointed out how people with limited or no hand function could still manipulate a computer keyboard. His associates created a keyboard locator "by mounting a camera tripod horizontally on ball joints and adapting the tripod head to carry the keyboard." The result was an adjustable keyboard which could be suspended anywhere within a two-cubic-foot space, making it possible to manipulate it even with a lightweight mouthstick.

Other speakers at this special session addressed the economic problems which confront the disabled today, the tendency of government to reduce social spending in times of restraint, and the cost to society of institutionalizing the handicapped (David Symington of Queen's University in Kingston estimates the cost to be \$8 billion a year in Canada) rather than helping even the severely disabled find work — all problems which will continue to command the attention of vocational rehabilitation specialists. ■



Dr. Robert I. Mitchell,
M.B., B.S., F.R.C.S. (E. & C.),
F.R.A.C.S., F.A.C.S.

Prescription for Health

"All of us need to learn a great deal about preventive medicine, and to develop a lifestyle that will maintain our precious good health."

That's the advice of Dr. Robert I. Mitchell, appointed executive director of the Workers' Compensation Board's Medical Services Division this year. Getting that message across to Ontario's working men and women is one of his division's key objectives, and one of the many challenges facing he and his province-wide staff of 611.

The Board's Medical Services Division acts as a quality control centre in assessing medical treatment of injured workers across Ontario. Major responsibilities include monitoring medical care and advising on treatment of injured workers; paying for the treatment and medical rehabilitation of eligible injured workers; developing appropriate levels of payment to treating agencies; evaluating new surgical techniques and their cost; and providing medical opinions in the adjudication of individual claims.

"Our primary concern, of course, is the health of our patients," asserts Dr. Mitchell. "As a doctor, I naturally find that my priorities are in this area."

Formerly director of the Board's Hospital and Rehabilitation Centre, where complex cases are treated by Board staff, Dr. Mitchell explains that, of 11,434 admissions to the Centre in 1983, 6,520 patients completed the full-treatment assessment program. "As a result of the treatment, 5,200 injured workers were medically fit to return to work," he says.

Dr. Mitchell credits this success rate to the multi-disciplinary approach at the Centre, the largest and among the most successful of its kind in North America. Its clinics include those specializing in head and neurological injuries, general trauma, amputations and hand injuries — all among the most serious injuries to workers. Special attention is also given to back injuries and to back education programs.

Psychological and psychiatric services are also an integral part of the facility's approach to treatment. "Psychological and psychiatric cases

dealing with job-related injuries are increasing in number," says Dr. Mitchell, "and will require attention not only from the medical profession but from the legal profession as well. We will need to establish standards that are just and reasonable for both the patient and the employer."

Also very high on Dr. Mitchell's list of priorities is industrial disease, an area which the Board's Medical Services Division monitors with particular concern. "In 1983, we reviewed nearly 12,000 files in order to determine whether workers' illnesses were related to industrial exposure," he explains. "This represents an increase of more than 38 per cent from the previous year."

Dr. Mitchell comes to his position at the Workers' Compensation Board with impressive credentials as a medical professional and an administrator.

A native of Sydney, Australia, he continued his medical education in the United Kingdom, spending three years in London in surgical training. He subsequently served as a Surgical Fellow in cancer at the Memorial Centre for Cancer in New York City.

In 1960, Dr. Mitchell was appointed to the surgical staff at Wellesley Hospital in Toronto. He was also associated with the Princess Margaret Hospital as a consultant surgeon and has been associate professor in the department of surgery at the University of Toronto. He joined the Workers' Compensation Board in August, 1982, and was appointed director of the Centre in June, 1983.

"A first priority is to continue to build on our strengths — on the highly competent and professional people that we have attracted to the division," he says.

In this regard, he emphasizes, the division must continue to earn the respect and co-operation of the medical profession in all fields and to communicate effectively with the Board's clients — the workers and employers of this province. ■

Short Takes Short Takes Short Takes akes Short Takes Short Takes Sho

International Agreement Signed

A bilateral agreement between the Portuguese and Ontario Workers' Compensation Boards has paved the way for better service to injured workers living in both jurisdictions.

After two years of negotiations between the Caixa Nacional de Seguros de Doencas Profissionais (C.N.S.D.P.) and the Workers' Compensation Board of Ontario, the Portuguese government approved the understanding, which came into effect on August 1.

Under the reciprocal arrangement, a worker injured in Ontario who has relocated in

Portugal and requires additional medical treatment or examinations, may have these services carried out by C.N.S.D.P. This may be necessary, for example, if a worker receiving a Workers' Compensation Board pension finds that his or her condition has worsened once in Portugal. The same policy applies to workers receiving compensation from C.N.S.D.P. while living in Ontario.

Each Board will pay time lost for medical treatment and examinations for their own injured workers living in the other jurisdiction. In addition, the two Boards have agreed

that if a worker has contracted an industrial disease due to exposure to conditions in both jurisdictions, compensation and medical treatment will be paid for by the Board in the jurisdiction where the last exposure occurred.

A joint committee of Workers' Compensation Board and C.N.S.D.P. representatives has been established to monitor the agreement, settle disputes and deal with any future amendments.

"The Portuguese government and the Workers' Compensation Board can be very proud of this achievement," said Board Chairman Lincoln Alexander.

The Board signed a similar agreement with Italy in 1980.

NOTE: A similar agreement between the Workers' Compensation Board and the Ministry of Social Security in Greece was announced in the previous issue of this publication (*WCB Report* Vol. 7, No. 1). While the agreement has been forwarded to Greece, it has not yet been formally ratified by the Greek government and is therefore not in effect. ■

Management and Labour form new Authority

9

The responsibility for occupational health and safety education in Ontario is the mandate of the recently-created Occupational Health and Safety Education Authority.

The Authority, which reports to the Workers' Compensation Board, is tripartite in nature. It consists of an administrator representing management, an administrator representing labour, and a chairperson acceptable to both parties.

The Authority came into effect on July 1 to administer the province's occupational health and safety education program, ensuring a uniform and effective program is made available to all workers. It is supported and advised by a joint policy review board composed of 12 members selected from management and labour.

It replaces the Workers' Compensation Board's Safety Education Division, which was previously responsible for occupational health and safety education in the province.

Chairman of the new Authority is Douglas Hamilton, formerly co-ordinator of the Board's Safety Education Program. The administrator from employers is John Ridout, with more than 10 years of experience in safety and industrial relations for the mining industry. The administrator from labour is Stewart Cooke, a member of the Ontario Labour Relations Board and, formerly, on the executive of the United Steelworkers of America and vice-president of the Ontario Federation of Labour.

The Authority was established after detailed study, and in consultation with the provincial safety associations for which the Workers' Compensation Board provides funding. ■



Portuguese and Ontario Workers' Compensation Board officials, including Board Chairman Lincoln

Alexander (centre), met in Lisbon for the signing of the agreement.

Par exemple, Warren a précisé comment des personnes dont la dextérité était limitée ou inexistante, pouvaient quand même manipuler un clavier d'ordinateur. Ses associés ont mis au point un clavier amovible « en fixant horizontalement un trépied d'appareil photographique sur joints à rotule et en modifiant la tête du trépied pour qu'elle supporte le clavier. » Ils ont ainsi obtenu un clavier ajustable qui pouvait être suspendu n'importe où dans un espace de deux pieds cubes, et manipulé à l'aide d'un dispositif buccal (baton de bouche) très léger.

Les autres conférenciers à cette session spéciale ont traité des problèmes économiques auxquels, de nos jours, ont à faire face les personnes handicapées, de la tendance actuelle du gouvernement visant à réduire les dépenses d'ordre social en temps de restriction budgétaire, du coût, pour la société, quand on place des personnes handicapées en institution (David Symington de l'université Queen à Kingston estime que le coût annuel au Canada est de 8 milliards de dollars) au lieu de les aider (même les personnes gravement handicapées) à trouver du travail — tous des problèmes qui continueront d'attirer l'attention des spécialistes en réadaptation professionnelle. ■

« Notre première priorité consiste à miser sur nos forces - sur les professionnels et les personnes hautement qualifiées que nous avons réussi à recruter au sein de la division, » déclarait-il.

« C'est pourquoi il insiste sur le fait que la division doit continuer de gagner le respect et d'obtenir la coopération de la profession médicale dans tous les domaines, et de communiquer de façon efficace avec les bénéficiaires de la Commission, c'est-à-dire, les travailleurs et les employeurs de l'Ontario. ■

Un moyen dont nous disposons, peut-être, pour produire un impact significatif sur le coût actuel effroyable des accidents de travail survenant dans toutes les sociétés industrielles est de mettre systématiquement en pratique nos connaissances relatives à l'homme dans tous les processus de travail.

En intégrant la science de l'ergonomie au sein des organismes professionnels, non seulement pourrions-nous diminuer le nombre des accidents de travail, mais nous pourrions également améliorer l'efficacité de ces systèmes et la qualité de notre vie au travail. ■

**POUR DE PLUS AMPLES RENSEIGNEMENTS
CONCERNANT L'ERGONOMIE
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Les compagnies dans toute la province, qui sont intéressées à mettre sur pied leur propre programme de conditionnement physique (que ce soit sur une grande ou sur une plus petite échelle), peuvent demander conseil auprès de Condition Physique Ontario qui fournit des renseignements détaillés pour ce qui est de la façon d'établir un programme, et à qui il faut s'adresser pour obtenir de l'assistance supplémentaire.

Tout employeur ou groupe d'employés intéressé à entreprendre un programme de conditionnement physique des employés peut obtenir des subventions de Wintario par l'intermédiaire du ministère ontarien du Tourisme et des Loisirs. Ces subventions peuvent être utilisées, entre autres, pour défrayer 50 pour cent du coût des services de consultation et de la formation des dirigeants de programmes, des frais de projection et d'examen de la condition physique et le coût d'un rapport d'évaluation du programme. La demande de ces subventions doit être faite par l'intermédiaire de l'un des bureaux régionaux du ministère.

A vrai dire, l'essor connu par les programmes de conditionnement physique des employés peut connaître une baisse, comme le pensent Weese et d'autres personnes. Néanmoins, on n'en est pas certain du tout tant que l'étude menée par Condition Physique Ontario se poursuit.

Quoi qu'il en soit, les preuves fournies par les programmes de compagnies telles que les entreprises minières Redpath Ltée, la Manu-facturers Life et Hiram Walker ont clairement démontré que les employeurs (et les employés eux-mêmes) devraient, de nouveau, analyser les avantages à tirer d'un programme de conditionnement physique des employés comme le bien-être de ces derniers, la diminution d'absentéisme et, enfin, l'augmentation de la sécurité au travail. ■

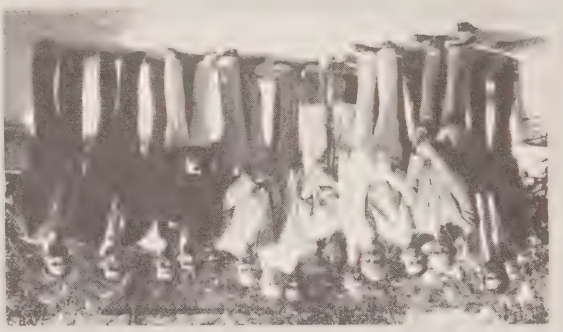
* Depuis la rédaction de cet article, ces personnes ont quitté leurs organisations respectives.

Signature d'une entente internationale

Une entente bilatérale entre les Commissions des accidents du travail portugaise et ontarienne a préparé le terrain pour donner un meilleur service aux travailleurs accidentés vivant dans les deux circonscriptions juridictionnelles. Après deux ans de négociations entre la Caixa Nacional de Seguros de Doencas Profissionais (C.N.S.D.P.) et la Commission des accidents du travail de l'Ontario, le gouvernement portugais a approuvé l'entente qui est entrée en vigueur le 1^{er} août. En vertu de l'entente, les travailleurs blessés vivant dans l'autre circonscription leur accidentée de l'Ontario, qui est allée s'établir au Portugal et des examens médicaux supplémentaires, peut obtenir les services de la C.N.S.D.P. Par exemple, il peut s'avérer

nécessaire d'avoir recours à ces services lorsqu'un travailleur, recevant une pension de la Commission des accidents du travail, trouve que sa condition physique s'est détériorée depuis son arrivée au Portugal. La même politique s'applique aux travailleurs qui reçoivent des compensations de la C.N.S.D.P. lorsqu'ils habitent en Ontario. Ainsi, chaque commission défrayera les heures de travail perdues, en raison de soins ou d'examen médicaux, par leurs propres travailleurs blessés vivant dans l'autre circonscription très fiers de leur réalisation,» a déclaré Lincoln Alexander, président de la Commission. En 1980, la Commission a signé une entente du même genre avec l'Italie.

Remarque: Un accord similaire survenu entre la Commission des accidents du travail et le ministère de la Sécurité Sociale de la Grèce a été annoncé lors de la livraison précédente de cette publication (*Rapport de la CAT Vol. 7, No. 1*). Bien que l'accord ait été envoyé en Grèce, il n'a pas encore été ratifié par le gouvernement grec, et n'est donc pas encore entré en vigueur. ■



Des représentants officiels portugais et ontariens des commissions des accidents du travail, y compris le président de la Commission, Lincoln Alexander (centre), se sont réunis à Lisbonne pour la signature de l'entente.

conditions de travail dans les deux circonscriptions juridictionnelles, les indemnités et les soins médicaux seront payés par la Commission ayant juridiction sur les lieux où le travailleur a été exposé, la dernière fois, à ces conditions de travail. Un comité paritaire formé de représentants de la Commission des accidents du travail et de la C.N.S.D.P. a été mis sur pied afin de veiller à ce que soit respectée l'entente, de régler les conflits et de s'occuper de tout amendement éventuel. «Le gouvernement du Portugal de même que la Commission des accidents du travail peuvent être très fiers de leur réalisation,» a déclaré Lincoln Alexander, président de la Commission. En 1980, la Commission a signé une entente du même genre avec l'Italie.

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Le patronat et la main-d'œuvre forment un nouvel office

En Ontario, la responsabilité concernant l'information sur la santé et la sécurité au travail relève du l'Office d'information sur la santé et la sécurité au travail, récemment créé. Cet Office, qui soumet des rapports à la Commission des accidents du travail, est en essence tripartite. Il est formé d'un administrateur représentant les cadres, d'un autre administrateur représentant les membres de la Commission des relations de travail, anciennement membre de l'exécutif du Syndicat des métalurgistes unis d'Amérique et vice-président de la Fédération ontarienne du travail est l'administrateur représentant la main-d'œuvre. L'Office a été créé après la réalisation d'études approfondies, en consultation avec les associations provinciales de sécurité dont le financement est assuré par la Commission des accidents du travail. ■

Par ailleurs, il remplace la division de formation à la sécurité de la Commission des accidents du travail qui était auparavant responsable de l'information pour la santé et la



Dr. Robert I. Mitchell,
M.B., B.S., F.R.C.S. (E. & C.),
F.R.A.C.S., F.A.C.S.

Ordonnance pour la santé

«Chacun d'entre nous a besoin de savoir d'avance sur la médecine préventive et de se créer un style de vie qui maintiendra sa santé si possible en bon état.»

C'est le conseil donné par le Dr. Robert I. Mitchell, nommé cette année directeur exécutif de la Division des Services médicaux de la Commission des accidents du travail. L'un des objectifs de cette division est aussi l'un des nombreux défis, auxquels son équipe, constituée de 611 personnes réparties dans l'ensemble de la province et lui-même ont à faire face, est de faire passer ce message aux travailleurs de l'Ontario. La Division des Services médicaux de la Commission agit en tant que centre de contrôle de qualité en faisant l'évaluation du traitement médical reçu par les travailleurs accidentés dans tout l'Ontario. Ses principales responsabilités consistent à contrôler les soins médicaux administrés et à donner des conseils quant au traitement médical des travailleurs accidentés; à payer le traitement et la réadaptation médicale des travailleurs accidentés admissibles; à établir des niveaux de paiement appropriés pour les organismes de traitement; à faire l'évaluation des nouvelles techniques de chirurgie et de leur coût; et à donner des avis médicaux sur la décision rendue concernant les demandes d'indemnités individuelles.

«Bien entendu, notre principale préoccupation demeure la santé de nos patients. En tant que médecin, il va de soi que mes priorités se rattachent à ce domaine» affirme le Dr. Mitchell. Ancien directeur du Centre hospitalier et de réadaptation de la Commission, où des cas complexes sont traités par le personnel de la Commission, le Dr. Mitchell explique que, des 11 434 patients admis au Centre en 1983, 6 520 ont terminé leur programme complet de traitement. «A la suite du traitement reçu, 5 200 travailleurs accidentés étaient, médicalement parlant, en mesure de retourner au travail.» dit-il. Le Dr. Mitchell attribue ce taux de succès à l'approche multidisciplinaire adoptée par le Centre qui est le plus grand et l'un de ceux qui, dans son domaine, remporte le plus de succès en Amérique du Nord. Les cliniques du Centre comprennent celles qui se spécialisent dans les blessures à la tête et les lésions neurologiques.

les traumatismes d'ordre général, les amputations et les blessures aux mains - toutes ces blessures figurent parmi les plus graves dont souffrent les travailleurs. De plus, on porte une attention spéciale aux lésions du dos et aux programmes d'éducation appropriés dans ces cas précis. Les services de psychologie et de psychiatrie font également partie intégrante du traitement dans cet hôpital. «Les cas psychologiques et psychiatriques se rapportant aux accidents de travail sont en train d'augmenter, dit le Dr. Mitchell, et ils exigent non seulement l'attention des professionnels médicaux mais aussi celle des professionnels en matière juridique. Nous devons établir des normes justes et raisonnables à la fois pour le patient et l'employeur.» On retrouve également en tête de liste des priorités du Dr. Mitchell les maladies professionnelles, qui préoccupent particulièrement la direction des Services médicaux de la Commission. «En 1983, nous avons effectué la révision de près de 12 000 dossiers afin de déterminer s'il y avait un lien entre les maladies contractées par les travailleurs et le fait que ces derniers soient exposés à certaines conditions de travail, explique-t-il. Ceci représente une augmentation de plus 38 pour cent sur l'année précédente.»

Le Dr. Mitchell arriva à son poste à la Commission des accidents du travail avec des titres impressionnants de médecin professionnel et d'administrateur. Natif de Sydney en Australie, il a poursuivi ses études de médecine au Royaume-Uni, passant trois ans à Londres à acquérir une formation de chirurgien. Par la suite, il a été invité à faire de la recherche sur le cancer au «Memorial Centre for Cancer» à New York.

En 1960, il a été nommé membre du personnel de chirurgie à l'hôpital Wellesley de Toronto. De plus, il était actif à titre de chirurgien-conseil à l'hôpital Princess Margaret et professeur-associé au département de chirurgie de l'Université de Toronto. En août 1982, le Dr. Mitchell est entré au service de la Commission des accidents du travail et en juin 1983, a été nommé directeur

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Réadaptation

Conférence internationale sur la

par Boyd Neil

décollant de leur conviction selon laquelle des personnes handicapées qui se voient attribuer un emploi approprié ont un aussi bon rendement que les travailleurs non handicapés. Lors d'une étude réalisée auprès de 170 employés handicapés dans une usine de luminaires électriques par le Dr. Jochheim et le Dr. Mitteis-Scheid, il a été démontré que les personnes handicapées à qui on a donné un emploi convenant à leurs forces et à leurs limitations n'avaient ni un taux d'absentéisme supérieur ni un taux de productivité inférieur à ceux de leurs collègues non handicapés.

«Le problème crucial est de trouver le bon emploi.» a déclaré le Dr. Mitteis-Scheid. C'est à ce moment qu'entre en jeu Ertomis. Ce système sert d'une liste des aptitudes - un distillat de ce que l'Organisation mondiale de la santé a défini comme les 62 implications fonctionnelles des déficiences - afin de déterminer ce que peut faire une personne handicapée. On compare ensuite cette liste à celle des «exigences» qui évaluent un emploi selon les exigences physiques et mentales de ce dernier. Une simple comparaison entre les deux listes indiquera si un emploi spécifique est approprié à une personne handicapée.

Une grande partie des débats tenus lors de cette conférence spéciale concernaient l'impact des micro-ordinateurs sur le marché du travail pour les personnes handicapées. C.G. Warren, professeur-clinicien associé au «Department of Rehabilitation Medicine» (département de médecine spécialisée en réadaptation) à l'Université de Washington, voit les ordinateurs comme un «substitut potentiel aux limitations physiques.»

Sous les auspices de sa propre firme-conseil et de la Washington State Division of Vocational Rehabilitation (division de Réadaptation professionnelle de l'Etat de Washington), 20 personnes gravement handicapées ont suivi, avec succès, un apprentissage et ont, tout récemment, été embauchées comme programmeurs. Comme l'ont d'ailleurs découvert ces personnes, bien des limitations physiques peuvent, de façon simple et ingénieuse, être surmontées pour arriver à faire fonctionner un ordinateur.

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Pendant cinq jours l'été passé, 1 100 scientifiques, médecins, enseignants, ingénieurs et spécialistes en réadaptation, les plus importants de 20 pays différents se sont rassemblés au centre des congrès d'Ottawa afin de discuter des nouvelles façons de venir à bout des problèmes complexes auxquels ont à faire face les personnes handicapées pour s'adapter à leur déficience et se créer une place au sein de la société.

Le deuxième Congrès international d'ingénierie spécialisée en réadaptation, qui a lieu tous les quatre ans, a été organisé cette année par le Conseil national de la recherche au Canada, la «Rehabilitation Engineering Society of North America» et la Société canadienne de génie biomédical. O.Z. Roy, du Conseil national de la recherche et président du congrès, a qualifié l'événement de «grand succès», particulièrement en ce qui concerne la participation des personnes handicapées elles-mêmes.

Les travaux du congrès ont surtout été axés sur la façon dont on peut se servir de la technologie d'ingénierie afin d'assister les personnes handicapées dans leur vie quotidienne. On y a présenté près de 285 documents scientifiques, de «A New Manufacturing Method of a Cosmetic Glove» à «Designing Software for the Control of Technical Aids».

L'événement le plus remarquable pour les délégués du congrès qui n'étaient pas ingénieurs était, peut-être, la tenue d'une conférence spéciale d'une journée entière sur la réadaptation professionnelle. Cette conférence traitait des implications que pourraient avoir de nouveaux développements de la technologie sur les possibilités d'emploi des personnes handicapées.

Les délégués ont été particulièrement impressionnés par la première intervention de la journée présentée par deux scientifiques et industriels Ouest-allemands, le Dr. K.A. Jochheim et son collègue, le Dr. E. Mitteis-Scheid. Le Dr. Jochheim a présenté un bref aperçu historique de l'impact de la technologie (particulièrement sur les vétérans après la Première Guerre mondiale) sur la formation des personnes handicapées pour le marché du travail.

Le collègue du Dr. Jochheim a continué avec la description d'un nouveau système qu'ils ont mis au point pour assortir les aptitudes des travailleurs réadaptés aux exigences de l'emploi. Ce système appelé «Ertomis» est le résultat

Ces exemples ne font qu'illustrer une petite partie de la recherche applicable à l'ergonomie dans le domaine de l'agriculture. Les études mentionnées portent sur les véhicules lourds, les problèmes de vibration et de posture, mais d'autres exemples auraient tout aussi bien pu traiter des tensions survenant lors du soulèvement d'objets et de la construction de quelques-uns. Dans plusieurs cas, les recherches n'ont pas été effectuées au sein de l'industrie agricole. Cependant, le genre d'études réalisées fournit des renseignements pertinents.

Bien que beaucoup d'études aient indiquées des façons et des moyens d'améliorer le bien-être et le rendement d'une personne à l'intérieur d'un système homme/machine/environnement particulier, il est souvent difficile de définir le problème dans un cas donné et, ensuite, de recueillir les données pertinentes.

Dans quelques cas, on aura besoin de connaissances professionnelles en ergonomie afin d'évaluer les conditions existantes. Dans bien des cas, il pourrait simplement être question de savoir où chercher. Dans tous les cas, néanmoins, on ne peut arriver à rien sans connaître les circonstances spécifiques dans lesquelles s'exerce l'emploi.

En bref, tous les experts du monde entier ne servent à rien s'ils n'obtiennent pas l'assistance de la personne qui fait le travail car c'est elle qui, plus que quiconque, en connaît le plus au sujet des exigences quotidiennes et des objectifs du système.

Ainsi, la clé du succès, lors de la mise en pratique de l'ergonomie, est la collaboration — entre les groupes de professionnels et de chercheurs. Assez souvent, on ne peut apercevoir des améliorations ou des problèmes éventuels en raison d'un manque de communication entre les communautés professionnelles et de scientifiques. Dans ce processus, les chercheurs techniques et les personnes du milieu industriel doivent, tous les deux, apporter leur contribution de façon significative.

Une éducation de masse sensibilisera davantage les gens quant aux questions d'ergonomie. En tenant compte de ce processus de sensibilisation lors de décisions d'achat et de la création d'emploi, on verra des améliorations prendre place petit à petit.

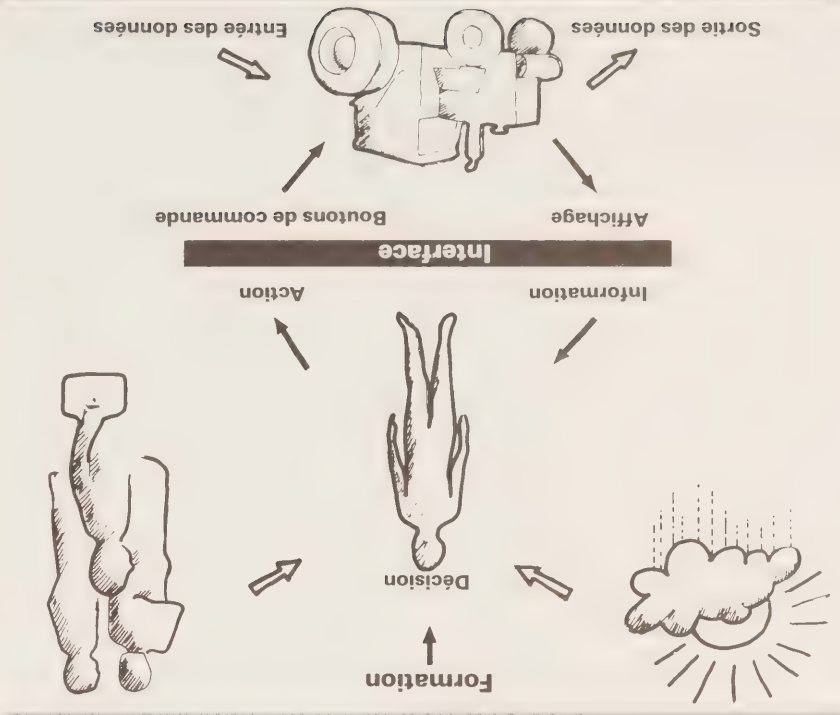
Dans bien des pays d'Europe, l'homme ou la femme qui conduit un tracteur ou travaille à une chaîne de fabrication est déjà bien informé au sujet de l'ergonomie. Lorsqu'il en sera de même au Canada, nous saurons que l'ergonomie a commencé à avoir un impact sur notre société. Le meilleur moment pour se servir des connaissances en ergonomie est lorsqu'on est en train de mettre au point et de bâtir des installations ou lorsqu'on s'apprete à faire un achat important. En considérant les gens qui doivent travailler dans le système, on devra toujours chercher à améliorer le rendement à long terme.

Tous les conducteurs de véhicule doivent monter et descendre de l'engin. Il a été démontré que les débutants doivent normalement monter et descendre du véhicule quelque 200 fois par jour et qu'il leur arrivait souvent de glisser ou de tomber. Aussi, un grand nombre de gros véhicules sont mal faits pour ce qui est des poignées et de l'emplacement des marches.

Le Centre de la sécurité et de la santé au travail de l'Université de Waterloo, a été chargé par la «Construction Safety Association of Ontario», d'étudier les accès et les issues des véhicules lourds. Il a fait des recommandations quant aux poignées, à l'emplacement des marches et aux dimensions. Au Royaume-Uni, on a également entrepris des études de ce genre, plus particulièrement axées sur les tracteurs agricoles.

Dans l'industrie agricole, les problèmes de posture sont tout aussi importants que dans la plupart des autres industries. Le fait de mal se tenir ou de garder longtemps la même posture provoque une tension considérable sur le système musculo-squelettique en cause. Au département d'ergonomie du «National Institute of Agricultural Engineering» du Royaume-Uni, on est à mettre au point une technique de laboratoire pour tester les sièges de tracteurs dans des conditions qui se présentent sur le terrain. On a également entrepris des études tenant compte des postures tordues en conduisant et fait l'évaluation de différents sièges fabriqués.

Lors d'une étude effectuée sur un problème de ce genre en Colombie Britannique, on a examiné les problèmes de posture qu'avaient les ouvriers saisonniers embauchés pour cueillir des fraises. On a de même fait l'évaluation d'un appareil mis au point pour que le travail devienne moins de stress musculo-squelettique.



processus mais, de façon aussi significative, compatibles avec les capacités et les limitations de l'homme.

L'information est acquise par l'intermédiaire des sens, ce qui signifie que l'on doit prendre en considération les limites sensorielles. Les êtres humains sont limités pour ce qui est de la quantité et du taux d'information qu'ils peuvent absorber. L'expérience du passé doit être organisée de façon à permettre de mieux anticiper les événements futurs. Le contrôle du processus doit aussi s'effectuer par l'intermédiaire de mécanismes qui prennent en compte les limitations de l'homme quant à la portée, l'endurance, la capacité d'exercer une pression, etc.

Les conditions de l'environnement, quant à elles, posent davantage de problèmes. Chaque activité du système prend place dans un certain ensemble de conditions environnementales, à la fois d'ordre physique et social. Des facteurs tels que l'endurance, la capacité sensorielle et le stress musculo-squelettique seront influencés par la chaleur, le bruit, l'éclairement et les vibrations. L'environnement social, soit les responsabilités, la pression exercée par les semblables et les attitudes de surveillance, auront tous un impact sur la motivation de la personne pour



avoir un bon rendement au travail ou tout simplement pour rester à son emploi.

Il est parfois facile de ne pas s'arrêter sur le fait que nous sommes tous différents les uns des autres et que nous pouvons changer d'une situation donnée à une autre. Notre âge, notre expérience, notre taille, notre force, nos attentes et attitudes, tous ces facteurs contribuent à former notre caractère unique et à influencer la façon dont nous nous intégrons au système à l'intérieur duquel nous travaillons.

Nous sommes tous familiers avec les inconvenients de nos propres emplois mais nous ne nous rendons pas toujours compte que des professions différentes peuvent avoir beaucoup de choses en commun. Par exemple, de lourds récipients peu commodes, une mauvaise visibilité à bord des véhicules, des consignes d'entretien inappropriées, des boutons de commande très mal placés sur les machines, des conditions environnementales défavorables — toutes ces conditions se retrouvent dans la plupart des industries. L'industrie agricole ne fait pas exception.

La recherche dans le domaine de l'ergonomie a fourni des données approfondies sur des sujets aussi variés que la prévention de blessures relatives au soulèvement d'objets, la construction de véhicules et d'édifices, l'apprentissage, et la fatigue du travailleur. De plus en plus, on effectue des études en ergonomie reliées à l'agriculture, de façon directe ou indirecte.

Par exemple, une des premières études menées en Allemagne portait sur les blessures à la colonne vertébrale et les lésions viscérales dont souffraient les conducteurs de tracteurs. On a démontré que ces derniers, contrairement aux personnes qui ne conduisent pas, souffraient de dommages plus importants. Dans bien des cas, les conducteurs eux-mêmes ne faisaient pas mention d'un quelconque symptôme, (comme des douleurs au bas du dos) même lorsque des prodromes étaient manifestes lors d'un examen médical et radiologique. Une lésion viscérale comme un ulcère était plus sérieuse chez les conducteurs qui mangeaient en conduisant ou qui conduisaient sans s'accorder suffisamment de temps pour digérer.

Lors d'une récente enquête sur les facteurs de santé menée auprès des producteurs laitiers de l'Ontario par la «School of Human Biology» à l'Université de Guelph, on a souvent mentionné la vibration des véhicules comme l'agent stressant principal associé à des douleurs au bas du dos.

La débousquense est un véhicule semblable à beaucoup de ceux qui sont utilisés en agriculture. Lors d'une étude sur les débousquenses effectuée, sur le terrain par l'équipe d'ergonomie de l'Université de Guelph, on a considéré l'impact des vibrations comme une source majeure de stress, surtout lorsque associé à une posture tordue. Le simple fait de bien se caler à l'intérieur du véhicule représentait un effort considérable et, si on ne le faisait pas, on se retrouvait bien souvent projeté sur les parois intérieures de la débousquense.

En tenant compte des connaissances scientifiques relatives à l'homme lors de la création d'emplois et de la construction des machines utilisées pour accomplir les tâches, il y a lieu d'améliorer la productivité, la sécurité, le bien-être de la personne, de même que la satisfaction et le rendement au travail.

par le Dr. R.D.G. Webb

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Ergonomie et le travail dans l'agriculture

Les responsabilités et les tâches à assumer pour gagner sa vie dans l'agriculture sont aussi variées et exigeantes que dans toute autre industrie. Les gens travaillant dans divers secteurs de l'agriculture le font dans des conditions très variées. Ainsi, on doit souvent s'acquiescer au travail; acheter, faire fonctionner et entretenir des machines complexes; maîtriser des métiers difficiles; et acquiescer et appliquer toutes les techniques d'administration d'usage nécessaires pour gérer une entreprise.

Le succès de toute entreprise dépend de l'aptitude et de la tendance qu'ont les personnes possédant des traits caractéristiques très différentes à apporter leur contribution aux affaires de façon aussi efficace que possible. Cependant, cette efficacité peut être réduite de plusieurs manières: la fatigue diminue l'attention; les blessures mettent à l'écart de bons travailleurs de façon temporaire ou permanente; des conditions de travail difficiles sapent les réserves d'énergie limitées d'une personne; un travail monotone et pénible motive de moins en moins.

Un fait marquant dans bien des entreprises agricoles est que plusieurs tâches doivent être accomplies par une ou deux personnes avec l'aide d'ouvriers saisonniers ou travaillant à temps partiel. Tout ce qui a pour effet de diminuer le rendement des ouvriers au travail ou encore de mettre à l'écart un seul travailleur expérimenté peut causer de graves problèmes. Afin de demeurer concurrentiel, chaque personne concernée doit aller au bout de ses forces.

Fort heureusement, le travail peut être élaboré de façon à tenir davantage compte des limitations de l'homme, diminuant ainsi le stress et augmentant, par conséquent, le rendement. L'ergonomie est une science qui se propose de faire ceci, en se concentrant sur les êtres humains au sein de systèmes professionnels.

En tenant compte des connaissances scientifiques relatives à l'homme lors de la création d'emplois et de la construction des machines utilisées pour accomplir les tâches, il y a lieu d'améliorer la productivité, la sécurité, le bien-être de la personne, de même que la satisfaction et le rendement au travail. L'ergonomie présente une approche visant à mieux intégrer les gens au sein d'un organisme quel qu'il soit, afin

que le travail devienne davantage sécuritaire, plus humain et plus satisfaisant. L'origine de cette approche réside dans le simple système homme/machine dont les éléments fondamentaux sont décrits à la page 6. Le tracteur, figurant au bas de l'illustration, représente n'importe quel procédé industriel qui pourrait être très simple comme le soulèvement d'un sac de grain ou d'un ballot de foin, ou encore très complexe comme le fonctionnement d'une moissonneuse-batteuse. Des processus de ce genre sont en évolution constante, pouvant changer plusieurs fois par seconde.

La personne dans le haut de l'illustration, contrôle le processus. Pour ce faire, des renseignements compliqués, provenant souvent de plusieurs sources d'information à la fois, doivent être reçus, évalués et exécutés. Le modèle met l'accent sur l'existence d'une interdépendance entre la machine et l'homme. La réception des données, les nécessités d'une prise de décision et les contrôles du système ne doivent pas seulement être appropriés au

mager leur corps dont ils sont maintenant si fiers.» dit Frickleton.

Janet Connors* affirme qu'il peut exister un lien étroit entre la condition physique et les problèmes de dos dont souffrent quelques-uns des 1 200 employés de la Manufacturiers Life Insurance Co. de Toronto. Connors est une consultante en condition physique de «Canhealth Systems» de Toronto qui travaille sous contrat pour la Manufacturiers Life dans le but de superviser son nouveau centre de conditionnement physique d'une superficie de 18 000 pieds carrés. «Il y a des preuves qui portent à croire qu'un certain nombre d'employés de la compagnie ont vu diminuer leurs problèmes de dos depuis qu'ils ont commencé à faire régulièrement de l'exercice», dit-elle en parlant du programme.

Il est presque certain que le programme de conditionnement physique des employés à la Manufacturiers Life fasse, à la longue, une différence pour ce qui est du bien-être des employés. C'est ainsi qu'avec une piste de course intérieure inclinée et caoutchoutée (80,3 mètres), deux salles d'exercice pour groupes (l'une ayant un plancher en bois dur à ressorts pour des cours de physi-danse), de l'équipement de conditionnement physique Nautilus et Hydra, des halteres, des cerceaux, des douches et des vestiaires, les installations de la compagnie valent celles de bien des gymnases privées.

Quelque 200 à 300 employés s'entraînent quotidiennement, soit seuls soit dans l'un des nombreux cours de conditionnement physique qui ont lieu durant la journée. Le nombre des membres a maintenant atteint 730, soit environ 40 pour cent des employés de la compagnie. Ils versent 10\$ par mois afin de participer au programme.

En plus de prodiguer des conseils sur les programmes de conditionnement physique réguliers, Connors et sa collègue-conseil, Jennifer Lamb, offrent leurs services aux employés pour ce qui est de la nutrition et des programmes d'exercice pré-nataux et post-nataux. De plus, elles donnent des cours d'assouplissement. Tous les employés qui veulent participer à un programme de conditionnement physique doivent d'abord se soumettre à une évaluation de leur condition physique, effectuée sur les lieux.

Procédé à 3 paliers

Le programme de conditionnement physique des employés de la Manufacturiers Life est l'aboutissement d'un processus de consultation en trois étapes conçu par Canhealth Systems. Comme l'explique Mark Clark, directeur de Canhealth, la première étape consistait à effectuer une étude rationnelle lors de laquelle les cadres supérieurs avaient l'occasion de décrire comment ils entrevoyaient le programme. La deuxième étape consistait à mener une enquête auprès d'un échantillon d'employés sélectionnés au hasard dans le but de recueillir leurs impressions sur la façon d'établir le programme au hasard dans le but de recueillir leurs impressions sur la façon d'établir le programme. De plus, on leur a demandé s'ils seraient prêts à payer pour ce service.

L'étape finale résidait en la préparation d'une étude de faisabilité par Canhealth sur les installations proposées. Cette étude comportait des précisions quant à l'aménagement des installations, à l'équipement dont on aurait besoin, et aussi bien une analyse du coût pour le programme.

Pour une compagnie, le coût d'un programme de conditionnement physique dépend de plusieurs facteurs, notamment l'investissement initial en matière d'équipement et d'espace, l'utilisation d'employés moniteurs volontaires au lieu de professeurs de conditionnement physique à temps plein et le niveau de participation des employés pour défrayer le coût du programme.

Dans son étude, Shephard estime que le coût du fonctionnement (contrairement au coût du capital) d'un programme de conditionnement physique est de 100\$ à 350\$ (en dollars américains) par an par personne pour 5 à 50 participants, de 250 à 350\$ par personne pour 75 à 250 participants et de 200\$ à 350\$ par personne pour 400 à 850 participants. Shephard compare ce coût avec une épargne potentielle, pour la compagnie, de 744\$ par travailleur annuellement, en donnant une valeur monétaire à des avantages tels que la satisfaction du travailleur, l'amélioration du style de vie et la diminution d'abandon de travail.

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Quelque 730 employés de la compagnie d'assurance Manufacturiers Life sont membres de son nouveau centre de conditionnement physique de 18 000 pieds carrés.

Jean Desjardins

Parmi les nombreuses sociétés en Ontario qui se sont aperçus de ces bénéfices de première main, il y a la Manufactures Life Insurance Co. à Toronto. Hiram Walker and Sons Ltd. à Windsor, et les entreprises minières Redpath Ltée à North Bay, pour n'en nommer que quelques-unes.

Selon Tony Dillon, directeur des relations industrielles, le programme de conditionnement physique à la distillerie Hiram Walker and Sons Ltd. de Windsor résulte davantage de l'inquiétude qu'ils ont au sujet de la qualité de la vie au travail que d'un besoin de réduire l'absentéisme ou d'augmenter la productivité parmi leurs 880 employés. Depuis 1976, les employés ont la possibilité de s'entraîner, vingt-quatre heures sur vingt-quatre, au gymnase de la compagnie situé au deuxième étage et maintenant muni d'une piste de course, de poids et

«Les gens se comportent beaucoup mieux les uns envers les autres, qu'il est plus facile de s'entendre avec eux et qu'ils vont se défouler des contraintes du travail au gymnase.»

haltères, d'un équipement d'avirons mécaniques et de bicyclettes sur place. L'entraînement est supervisé par six employés spécialement formés comme moniteurs.

Comme l'affirme Dillon, il a été prouvé que le programme de conditionnement physique des employés était très populaire. N'importe quel jour, 70 à 72 employés, en moyenne, se servent du gymnase. En 1983, on a profité du programme pour une durée totale de 10 359 heures, soit une légère baisse par rapport à l'année précédente en raison d'une réduction de la main-d'oeuvre à l'Hiram Walker.

Les employés des mines J.S. Redpath Ltée à North Bay paient 10 \$ à 15 \$ par période de quatre mois pour l'utilisation des installations de conditionnement physique de la société.



Par ailleurs, Dillon dit être certain qu'une bonne partie de ces heures sont utilisées par de nouveaux membres du programme de conditionnement physique des employés. «La courbe indiquant le nombre de personnes prenant part au programme augmente plus rapidement que celle indiquant la durée de participation,» explique-t-il. Fort heureusement, quelques-uns des nouveaux membres figurent parmi les plus jeunes employés de l'usine Hiram Walker. Ils constituent le groupe de personnes qui bénéficieraient le plus de ce programme mais qui, jusqu'à présent, ne représente que 30 pour cent des participants actifs.

Selon Dillon, la diminution de l'absentéisme n'a pas été la raison qui a poussé Hiram Walker à mettre sur pied son programme de conditionnement physique, mais il n'y a aucun doute qu'il ait servi à cette fin. De plus, il souligne que les gens se comportent beaucoup mieux les uns envers les autres, qu'il est plus facile de s'entendre avec eux et qu'ils vont se défouler des contraintes du travail au gymnase.

Les entreprises minières Redpath Ltée de North Bay dont le personnel est bien moins nombreux qu'à la distillerie d'Hiram Walker, sont tout aussi satisfaites de leur programme de style de vie et de conditionnement physique des employés. Elles ont entrepris ce programme en 1981, après qu'une étude de faisabilité préparée par une firme-conseil en condition physique, ait révélé que 90 pour cent des employés étaient en faveur d'un programme de ce genre. Quand la société a aménagé dans ses nouveaux bureaux, il y avait déjà un centre de gymnastique complet de 5000 pieds carrés, équipé d'un «Hydra-Gym», d'une piste de course intérieure, de casiers, de vestiaires, de douches et d'un excellent système de son.

Grâce à l'aide d'un coordonnateur à temps plein au service de la société, les employés des entreprises Redpath se voient offrir un choix de cours de conditionnement physique, de physiothérapie, de yoga, de gouter de salon, d'entraînement en aérobie et de jogging. Les employés intéressés paient la modique somme de 10 \$ à 15 \$ pour une période de quatre mois. Des quelque 130 employés des entreprises Redpath Ltée, plus de la moitié participent aux activités du programme.

En 1983, dans un rapport soumis à une équipe de travail du Conseil de l'éducation de Nipissing faisant une étude sur les programmes de développement des ressources humaines, les entreprises Redpath Ltée ont conclu que leur programme a contribué à améliorer le rendement au travail, l'esprit de camaraderie et la moralité, de même que la capacité des employés à résister

Bien qu'on ne puisse que supposer qu'un lien existe entre un programme de conditionnement physique des employés et l'exécution du travail avec plus de prudence, une bonne condition physique, quant à elle, «donne aux travailleurs une meilleure perception mentale d'eux-mêmes, ce qui peut vouloir dire qu'ils seront bien plus conscients de ne pas endom-

Le conditionnement physique des employés

Le temps libre pour l'entraînement

par Boyd Neil

Ce manque d'activité physique et l'impact qu'il peut avoir sur la sécurité est très difficile à évaluer. Certains accidents de travail n'ont vraiment rien à voir avec la condition physique des travailleurs. Par contre, les blessures au dos, qui ont été la cause de 41 785 demandes d'indemnisations auprès de la Commission des accidents du travail en 1983, constituent une zone d'incertitude en ce qui concerne les effets préventifs éventuels de la condition physique. La condition physique générale, particulière- ment en ce qui a trait au maintien du poids



Le bon sens nous dit qu'une personne en bonne forme physique est moins sujette à souffrir de blessures causées par le stress d'ordre physique qu'une autre qui ne l'est pas. «Il est difficile de l'affirmer avec certitude, mais les experts croient qu'un corps en bonne forme réagira beaucoup mieux au stress physique», déclare Alex Frickeleton,* superviseur des cours de gymnastique corrective au Centre hospitalier et de réadaptation de la Commission des accidents du travail. Il ajoute, cependant, que «même une machine bien entretenue ne peut tolérer que tant d'abus.»

De façon générale, la sécurité n'est pas la raison principale qui pousse les compagnies à entreprendre un programme de conditionnement physique, mais l'amélioration de la sécurité au travail est certainement une conséquence qu'elles apprécient. Cependant, elles sont beaucoup plus impressionnées par des résultats de recherches mentionnés dernièrement dans le *Journal of Preventive Medicine*. Dans cette publication, Roy Shephard, directeur du «School of Physical Health and Education» à l'Université de Toronto, conclut que les avantages des programmes de conditionnement physique des employés «compréhendent une plus grande satisfaction de la part du travailleur, une diminution de l'absentéisme et de l'abandon du travail, et une augmentation de la productivité.»

La popularité croissante des programmes de conditionnement physique des employés a peut-être connu une baisse lors de la dernière récession mais bien des entreprises, dans tout l'Ontario — qu'elles soient grandes ou petites — continuent avec enthousiasme d'offrir à leurs employés l'occasion de participer à un programme d'exercice au travail, que ce soit avant ou après les heures de travail ou pendant les heures de déjeuner. Bien qu'il n'existe aucun chiffre précis quant au nombre de compagnies dans la province ayant un genre quelconque de programme de conditionnement physique (l'organisme Condition Physique Ontario mène présentement une étude afin d'en déterminer le nombre), Glen Jones*, coordonnateur du programme de conditionnement physique des employés à Condition Physique Ontario, dit qu'il reçoit de plus en plus de demandes.

Ronald Weese, directeur du programme de conditionnement physique au «Seneca College» de Toronto, lance toutefois un avertissement: «Nous recevons beaucoup d'appels téléphoniques de personnes voulant obtenir des informations sur ces programmes, mais quant à savoir le nombre de compagnies qui y donneront suite est un point discutable. L'intérêt suscité par les programmes de conditionnement physique pourrait bien prendre fin.» Néanmoins, il est d'accord pour dire que les programmes de conditionnement physique des employés constituent un facteur important pour améliorer la qualité de la vie au travail dans la province — contribuant ainsi à faire de la personne un employé en meilleure santé, plus heureux et, avec le temps, plus sécuritaire. Comme les revues sur les styles de vie ne cessent de le rappeler, la condition physique fait tellement partie intégrante de la vie contemporaine qu'une personne pourrait immédiatement presumer que nous vivons au temps des Spartiates. Il peut donc être étonnant d'apprendre que la plupart des gens, en Ontario, ne font toujours pas d'exercice régulièrement. Une étude menée par Condition Physique Ontario, une division du ministère du Tourisme et des Loisirs de l'Ontario, a déterminé que seuls 40 pour cent des adultes ontariens font de l'exercice au moins trois fois par semaine. Plus important encore, l'étude est venue à la conclusion que, bien que 50 pour cent des professionnels et cadres fassent de l'exercice, seuls 33 pour cent des cols bleus font de même.

Les employés ont accès aux installations de conditionnement physique de Hiram Walker and Sons Ltd. à Windsor jour et nuit.

Rapport: Un nouveau
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connaissiez sous le
nom de **WCB Report**
(Rapport de la CAT),
pourtant ce n'est pas
la même chose. Voici
donc **Rapport**:
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publié en français et
en anglais par la
Commission des
accidents du travail
au bénéfice de la
population active de
l'Ontario dans un
monde en
mouvement. **Rapport**
souhaite la bienvenue
à ses nouveaux
lecteurs francophones
et espère que tous les
lecteurs du **WCB**
Rapport lui apportent
leur soutien.

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Rapport

Vol. 7 No 2, 1984

- 1 **En forme de 9 à 5**
Que reste-t-il des grands élan de conditionnement physique au travail? Employeurs et employés en Ontario continuent à récolter les bénéfices des programmes de conditionnement physique des employés.
- 4 **L'ergonomie au service du travail**
Le travail et l'outillage dont nous servons pour l'accomplir doivent être plus adaptés aux capacités et limitations humaines. Le travail agricole en est un qui, parmi bien d'autres, peut bénéficier de cette science.
- 7 **Progrès dans la réadaptation**
Les nombreux problèmes complexes auxquels les invalides doivent faire face, et les nouvelles méthodes de les surmonter, furent l'objet d'une importante rencontre internationale à Ottawa.

- 8 **Parlons médecine**
Le directeur exécutif des services médicaux de la Commission des accidents du travail et ses employés répartis dans toute la province doivent affronter bien des défis pour permettre aux travailleurs ontariens victimes d'un accident de retrouver la santé.
- 9 **Faits Divers**
Le nouvel office dont dépend l'information sur la santé et la sécurité au travail, et une entente internationale qui affecte les travailleurs blessés font l'objet des Faits Divers de cette livraison.

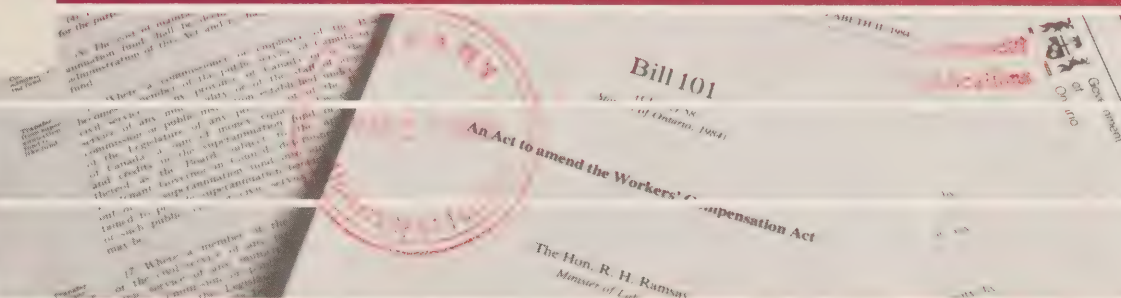


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Vol. 8 No. 1, 1985



Rapport

From the Chairman

Lincoln Alexander, Chairman of the Workers' Compensation Board, introduces this special issue of *Rapport*, devoted to Bill 101 and the changes it will effect in workers' compensation across Ontario.

A history of review

Stages and events which led to these amendments in the Workers' Compensation Act paint a colorful history of consultation and review.

Highlights of Bill 101

Changes in workers' compensation coverage and in the structure of the Board itself are highlighted here for easy reference.

1 Coverage extended to domestics 6

Domestic workers across Ontario, previously ineligible for workers' compensation coverage, have the right to be covered under amendments to the Act.

Improved survivors' benefits 8

Workers' compensation benefits to survivors of workers who die of a work-related injury or disease will be more tailored to individual circumstances as a result of changes in the Act.

4 Board Organization 10

Structural organization of the Workers' Compensation Board, both before and after Bill 101, is shown in chart form to illustrate areas of change at the Board.



**Workers'
Compensation
Board**

**Commission
des accidents
du travail**

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For further information
concerning Workers'
Compensation Board
coverage and services,
including provisions of
Bill 101, several new
publications are
available (in English,
French, Italian,
Portuguese):

Doing Business with
the Board — basic
information for
employers concerning
Ontario's worker's
compensation system.

Know Us Before You
Need Us — information
on workers' compensa-
tion benefits to injured
workers.

WCB Coverage for
Domestics: It's the
Law! — domestic
workers across Ontario
now have the right
to workers'
compensation
coverage.

As of April 1:

Employers and the
Workers' Compensa-
tion Board — a general
guide for employers,
including how to
register with the Board,
assessments, reporting
an injury, and other
information.

Workers' Compensa-
tion: What It Means for
Workers — information
explaining the Board's
claims process, includ-
ing what to do if you are
injured on the job, how
the Board determines if
benefits are payable,
what is covered, and
more.

You and the Workers'
Compensation Act —
Your Rights and Obliga-
tions — a comprehen-
sive summary of
provisions of the
Workers' Compensa-
tion Act.

Your Workers' Compensa-
tion Board — a brief
overview of the Board's
purpose and functions.

For copies of these
and other publications,
contact the Workers'
Compensation Board,
Communications
Division, 2 Bloor St.
East, Toronto,
Ontario, M4W 3C3.
(416) 927-3500.

From the Chairman



On December 14, 1984, Bill 101, an Act to amend the Workers' Compensation Act, passed third and final reading in the Ontario Legislature. As announced by the Ministry of Labour, changes to benefits for injured workers will be effective April 1, 1985, and administrative and structural changes will come into effect on July 1, 1985.

As you will see from the articles in this special edition of **Rapport**, the changes in workers' compensation which will be brought about by these amendments are indeed substantial. They embrace basing benefits on 90 per cent of pre-accident net earnings, raising the benefit ceiling to \$31,500, and improving benefits awarded to survivors of workers who die of work-related injury or disease.

The amendments also result in a fundamental realignment of certain processes which, in the past, were exclusively Board functions: These will be the establishment of an independent, tripartite Appeals Tribunal, with provision for independent medical assessors to assist the

Tribunal in its deliberations; expansion of the Office of the Worker Adviser and creation of the Office of the Employer Adviser; all reporting to the Ministry of Labour.

Bill 101 includes an amendment to the Human Rights Code, which prevents discrimination by employers of workers who suffer an "injury or disability for which benefits were claimed or received under the Workers' Compensation Act." The Bill will also establish an Industrial Disease Standards Panel, to provide expert advice on the criteria for compensating workers who contract an industrial disease. Another provision will reconstitute the Corporate Board, with the addition of external directors.

These and other new provisions potentially affect nearly every working man and woman in the province — from woodworkers in Northern Ontario to autoworkers in Windsor; from machinists in Ottawa to workers in the petrochemical industry in Sarnia. Domestic workers, previously not covered under the Act, are eligible for coverage as of April 1, 1985. And spouses of deceased workers will be entitled to vocational counselling and retraining.

These amendments are the result of a review process which began with a report by Professor Paul Weiler to then Minister of Labour, Dr. Robert

Elgie, in November, 1980, entitled "Reshaping Workers' Compensation for Ontario."

Throughout the intervening process of consultation and review, many interested groups and individuals representing business, labour, injured workers, and the general public presented briefs to the Legislative Standing Committee on Resources Development, which was charged with making recommendations on the Workers' Compensation Act.

Indeed, it is fair to say then that these amendments mirror the rapidly changing social structure of Ontario. It is my view that they are part of an ongoing process of assessment and review — a process to which the Workers' Compensation Board will continue to diligently apply itself.

We at the Board look forward to continuing to serve the province's employers and injured workers under a new, amended Workers' Compensation Act.



Lincoln M. Alexander, P.C., Q.C.,
Chairman

A history

of Consultation and Review

2

Bill 101, an Act to amend the Workers' Compensation Act, and the many changes it entails for Ontario's workers' compensation system, are the culmination of a long and involved study of the province's compensation process. Changes in workers' compensation coverage, benefits, and in the administrative structure of the Board itself are all the result of intense and thorough study, reporting and evaluation of the system.

The evolution of these changes paints a colorful history in itself, a history characterized by a great deal of consultation and collaboration with all parties involved — including organized labour, injured workers and injured worker groups, employers and business organizations, government officials, members of the Legislature, Workers' Compensation Board representatives, members of the health care and

legal communities, and other interested groups and individuals.

Public hearings and vigorous debate are all part of the process which led to the passing of these amendments and the introduction of new policy with respect to workers' compensation in the province.

Although the Workers' Compensation Act has been subject to periodic incremental amendments since its introduction in Ontario in 1915 (then the Workmen's Compensation Act), this most recent stage of review began in 1979, with the tabling of a white paper entitled "Current Concerns in Workers' Compensation".

Stages and events which contributed to changes in the Workers' Compensation Act are as follows:

December, 1979

Labour Minister Robert Elgie tables white paper, "Current Concerns in Workers' Compensation" in the Legislature.

January 30, 1980

Professor Paul Weiler appointed by Labour Minister Elgie "to study and make recommendations with respect to the system of workmen's compensation...in Ontario."

November, 1980

"Reshaping Workers' Compensation for Ontario", Weiler's first report, is submitted to the Minister of Labour and released to the public.

June 25, 1981

"White Paper on the Workers' Compensation Act", containing draft legislation, is tabled in the House by Labour Minister Elgie.

Comments and suggestions from interested parties are invited by the Minister, with a deadline of August 31, 1981 — later extended.

December 28, 1981

Effective date of new Workmen's Compensation Board policy on access to claim files.

June 4, 1982

Weiler's first report and the White Paper are referred to the Standing Committee on Resources Development "for consideration and report to the House."

Board Chairman Lincoln M. Alexander and William R. Kerr, then Senior Executive Director and Assistant General Manager, announce the Board's new policy on access to claim files in 1981.



September, 1982

Appearances and briefs before the Standing Committee from interested parties — held in Toronto, Thunder Bay, Sudbury and Windsor.

December 21, 1982

Effective date of change of name from "Workmen's" to "Workers' Compensation Board" (and Workers' Compensation Act).

April, May, June, 1983

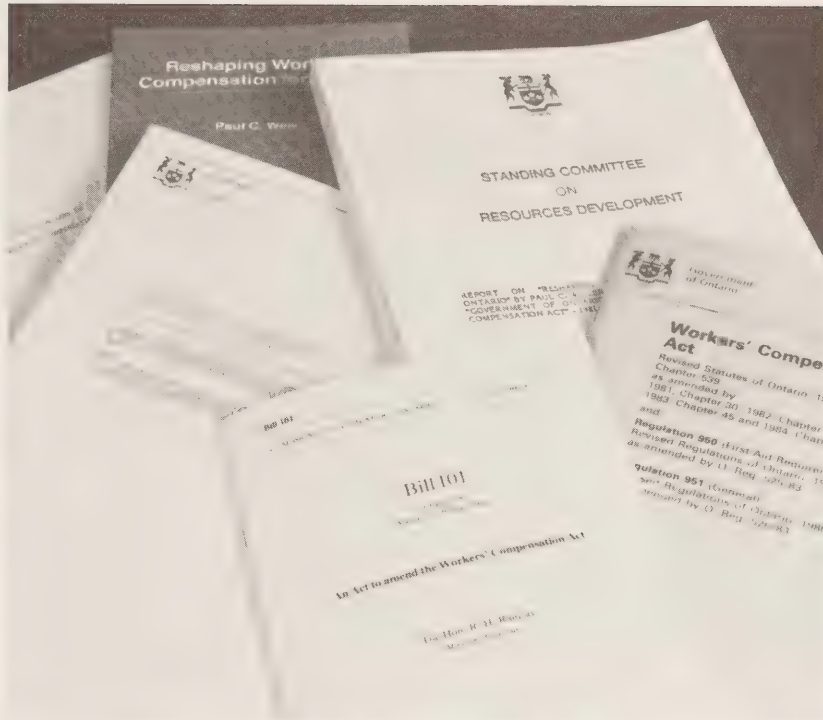
Appearances and briefs before the Standing Committee on Resources Development from interested parties — held in Toronto.

July, Sept., Nov., Dec., 1983

Standing Committee meets in camera to review submissions and develop a report.

December 16, 1983

Final report of the Standing Committee on Resources Development on "Reshaping Workers' Compensation for Ontario" (Weiler Report) and Government of Ontario White Paper on the Workers' Compensation Act (White Paper) is tabled in the Legislature by Bill Barlow, MPP, Chairman.



June 12, 1984

Labour Minister Ramsay introduces Bill 101, an Act to amend the Workers' Compensation Act, for first reading in the Legislature.

June 19, 1984

Second reading of Bill 101. Bill referred to Standing Committee on Resources Development for further consideration.

July 16-Aug. 2, 1984

Standing Committee holds public hearings in Toronto, Thunder Bay, Sudbury and Hamilton.

Sept. 6-13, 1984

Clause-by-clause studies of Bill 101 by the Standing Committee.

Oct. 23, 1984

Standing Committee reported Bill 101 back to the House.

November, 1984

Committee of the whole House studies the Bill.

December 14, 1984

Third reading and passage of Bill 101. Amendments become law effective April 1, 1985 and July 1, 1985. ■

Bill 101

— An Overview of Changes

4

On January 1, 1915, the Workers' Compensation Act (then called Workmen's Compensation Act) came into being to serve the working men and women of this province.

On April 1 and July 1, 1985 — 70 years later — a series of amendments to that Act will come into effect, bringing changes in direction and in scope to Board-provided services and to certain aspects of the organization itself.

Highlights of these changes are as follows:

Coverage

- The ceiling on annual earnings covered, for accidents occurring on or after April 1, 1985, has been raised to \$31,500, from the previous earnings ceiling of \$26,800.
- As of April 1, 1985, domestic workers have the right to be covered under the Workers' Compensation Act. (See article on page 6 for more information.)
- The protection from civil liability (arising from worker injury or illness on the job) that applies to employers and workers is extended to executive officers, effective April 1, 1985.
- "Medical aid", the term used throughout the current Act to refer to payment for medical

costs resulting from an occupational injury or disease, has been replaced by the expression "health care", to better reflect the contribution of non-medical services (chiropractors, therapists, and others) in the treatment of injured workers.

- The Human Rights Code, 1981, has been amended to prohibit discrimination in employment for claiming or receiving workers' compensation benefits.

Benefits

- As of April 1, 1985, in lost-time claims, the employer must pay the worker's wages and benefits for the day of injury.
- Temporary and permanent disability payments for accidents occurring on or after April 1, 1985 will be based on 90 per cent of the worker's net average earnings (instead of the previous 75 per cent of gross earnings). Net average earnings are determined by deducting probable income tax, Canada Pension Plan premiums, and unemployment insurance premiums payable by the worker from gross income.
- The new minimum amount of compensation payable for accidents occurring on or after April 1, 1985 is \$10,500 a year or the actual net average earnings, if they are less than that amount, for temporary total disability. For permanent total disability, the new minimum is \$10,500 a year.
- Survivors' benefits for dependent spouses and dependent children will consist of a dual award, effective April 1, 1985: a lump sum payment based on \$40,000 and adjusted according to the spouse's age, plus continuing payments based on a percentage of the deceased worker's net average earnings. Where dependent children are involved, the continuing payment is fixed at 90 per cent of pre-accident net earnings, the same level as would be paid to a totally disabled injured worker. Payment for funeral expenses will continue to be made in addition to the lump sum. (See article on page 8 for more information.)
- Effective April 1, 1985, surviving spouses will be entitled to the same level of vocational rehabilitation service available to injured workers, which may include counselling, educational upgrading, job training, and job placement assistance.





- The sections of the Act providing for rehabilitation supplements for partially disabled workers have been revised, effective April 1, 1985, to allow for inflation adjustment of pre-injury earnings in calculating the supplementary benefits and for the integration of CPP disability benefits with the Board supplement. In addition, those older workers who are unlikely to obtain employment will be eligible for supplements equal to the level of the old age security pension.

Administrative Structure

- Effective July 1, 1985, the corporate board of the Workers' Compensation Board will be replaced by a new, expanded board of directors with majority external representation. In addition to a full-time chairman and vice-chairman, there will be from five to nine part-time directors, representative of employers, workers, professional persons and the public, who will be appointed to the Board by the Lieutenant Governor in Council.
- The Act has been amended to allow the Board to provide funding for safety training and injury prevention programs operated by a variety of organizations, in addition to the provincial safety associations already in existence.
- Effective July 1, 1985, the Office of the Worker Adviser, who provides advice and assistance to workers regarding appeals of Board decisions, will be expanded and made independent of the Board. A new Office of the Employer Adviser will also be created. Both offices will report to the Minister of Labour.
- A new and independent Industrial Disease Standards Panel will be established effective July 1, to review and make recommendations regarding compensation policies for occupational disease. The panel, which will consist of not more than nine representatives from the scientific and professional communities as well as the general public, will report to the Minister of Labour. Its function will be to

investigate possible industrial diseases, making findings about causation or connection with industrial processes, and to review and develop criteria for the evaluation and adjudication of claims.

Appeals

- A new, independent Appeals Tribunal will be established July 1 to replace the Board's present appeals system. The tribunal will be tripartite in character, with a chairman and one or more vice-chairmen, plus equal numbers of members representing workers and employers. It will report directly to the Minister of Labour.
- A list of independent medical practitioners, appointed by the Lieutenant Governor in



Council, will be established July 1 to advise the Appeals Tribunal in cases involving disputed medical issues.

- The Board's policy regarding access to claim file information, where there is an issue in dispute, has been revised and written into law. Workers and their survivors will continue to have full access, except for medical information which might be harmful if given to the worker directly. (The information is given to the worker's physician, to be released to the worker at the physician's discretion.) Employers will have access only to information relevant to the issue in dispute, and the worker will be informed when such access is provided. When medical reports are involved, the worker will be given the opportunity to object before access is granted to the employer. Employers are not permitted to disclose medical information, except in a form which prevents identification of the worker or case.■

For more detailed information concerning these and other amendments to the Workers' Compensation Act, contact the Workers' Compensation Board office nearest you. Information brochures and copies of Bill 101 are available through the Board's Communications Division, 2 Bloor St. East, Toronto, Ontario, M4W 3C3. (416) 927-3500.

Coverage

for domestics

6

A group of workers previously not eligible for workers' compensation coverage will soon have the right to be covered, under amendments to the Workers' Compensation Act.

As of April 1, 1985, domestic workers across the province will be eligible for coverage. It is the responsibility of anyone who employs one or more domestic workers for more than 24 hours a week to register with the Workers' Compensation Board.

"People who employ domestic workers also benefit substantially by having coverage with the Workers' Compensation Board."

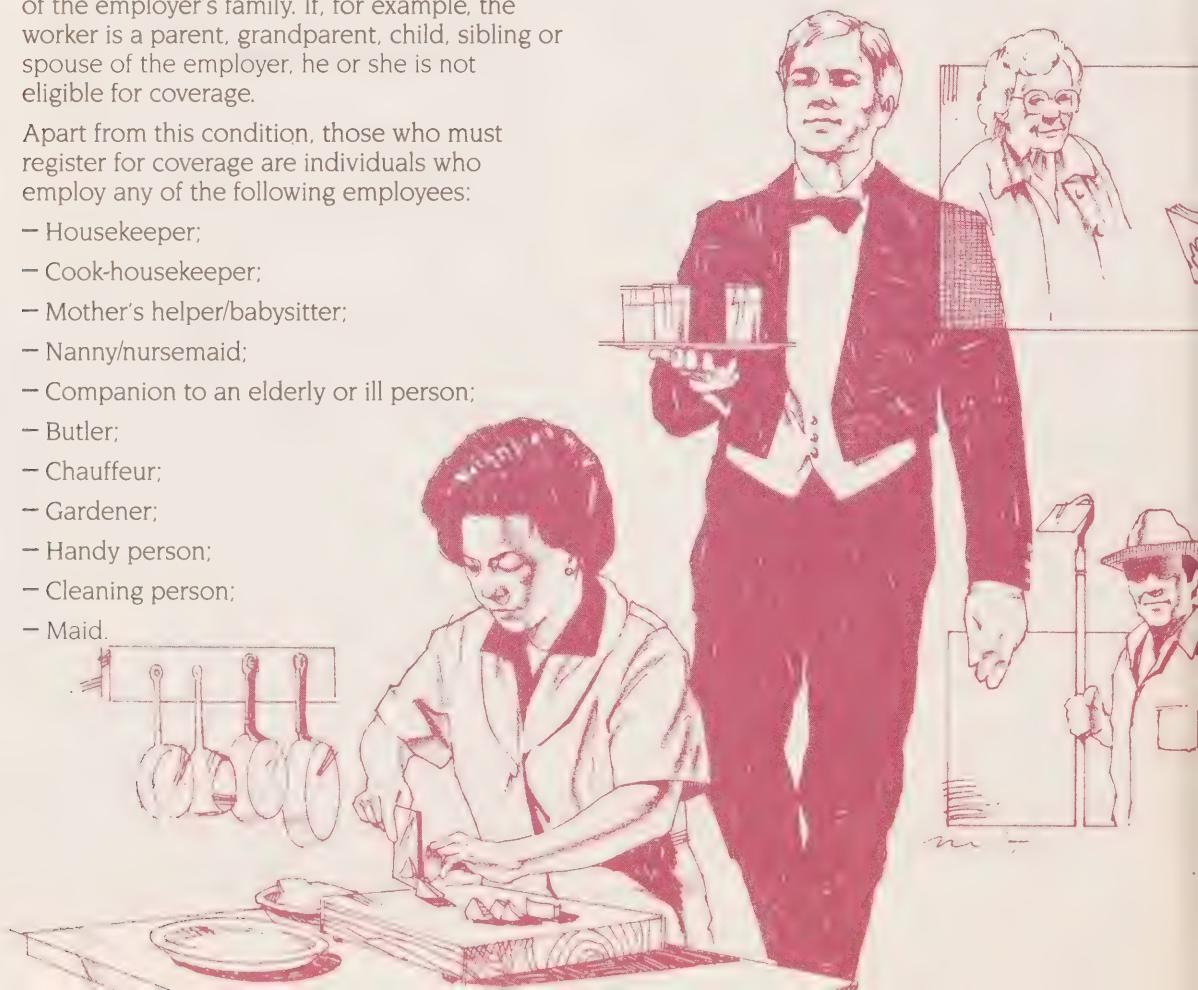
An exception to this requirement, however, is the case of a domestic worker who is a member of the employer's family. If, for example, the worker is a parent, grandparent, child, sibling or spouse of the employer, he or she is not eligible for coverage.

Apart from this condition, those who must register for coverage are individuals who employ any of the following employees:

- Housekeeper;
- Cook-housekeeper;
- Mother's helper/babysitter;
- Nanny/nursemaid;
- Companion to an elderly or ill person;
- Butler;
- Chauffeur;
- Gardener;
- Handy person;
- Cleaning person;
- Maid.

The Workers' Compensation Board offers benefits and services that no individual employer can. For example, if a nanny were to trip over her young charge's roller skate, fall down a flight of stairs and break her hip and collarbone, the Board would pay for her health care expenses and any wages lost because of the accident.

If her recovery were less than complete, and caring for active youngsters became physically impossible, she could explore her alternative employment interests and aptitude with the Board's vocational rehabilitation counsellors, who would help her to enter a new line of work and obtain any necessary training. She could qualify for a permanent or partial disability pension, based on the extent of her impairment. And if, tragically, she died as a result of the accident, her surviving dependents would be eligible for a range of survivors' benefits from the Board.



People who employ domestic workers also benefit substantially by having coverage with the Workers' Compensation Board. For one, injured workers who are covered by the Board cannot sue their employer as a result of a work-related injury or disease, which means the risk of a potentially costly lawsuit is avoided.

Of course, all of this isn't free, but it's certainly a worthwhile investment. The cost of coverage is not based on the individual experience of a single employer, but on the accident experience of people employing similar help across Ontario (grouped together under rate number 907 for workers' compensation purposes).

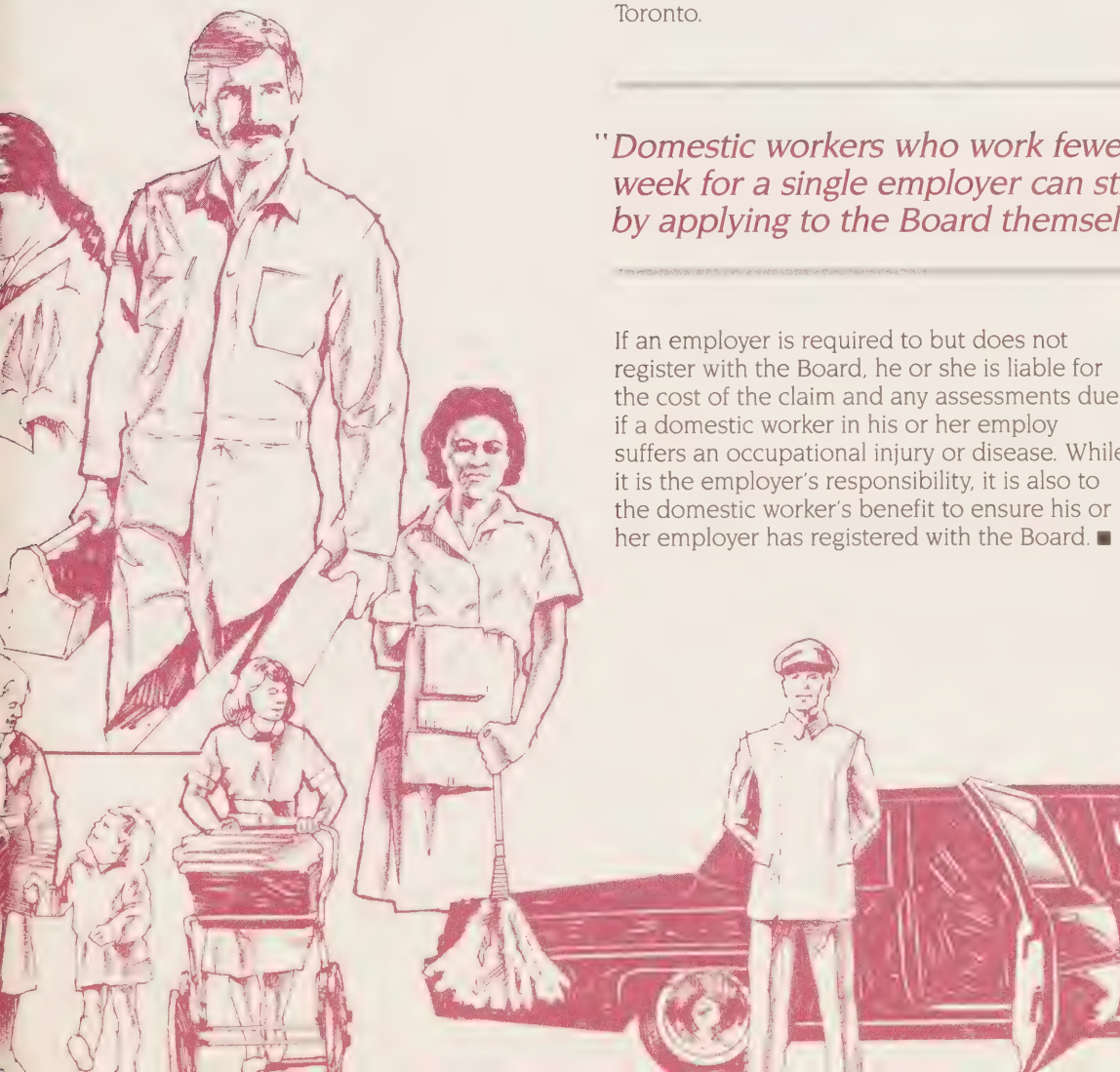
That means, for example, that the nanny's accident will not automatically make her employer's compensation premiums skyrocket. Her compensation costs are paid out of a collective, no-fault accident fund into which her employer pays annual assessments (based on a set rate per \$100 of payroll).

Domestic workers who work fewer than 24 hours a week for a single employer can still obtain coverage by applying to the Board themselves. They will be classified as "independent operators", and will be responsible for paying their own assessment premiums.

To find out whether you need to apply for coverage, contact your nearest office of the Workers' Compensation Board. The next step is easy: Ask for the required simple form, fill it out and mail it to the Board's head office in Toronto.

"Domestic workers who work fewer than 24 hours a week for a single employer can still obtain coverage by applying to the Board themselves."

If an employer is required to but does not register with the Board, he or she is liable for the cost of the claim and any assessments due if a domestic worker in his or her employ suffers an occupational injury or disease. While it is the employer's responsibility, it is also to the domestic worker's benefit to ensure his or her employer has registered with the Board. ■



36.—(1) "Where death results from an injury to a worker, a spouse who survives the worker shall be entitled to..."

Survivors'

Benefits

Amendments to the Workers' Compensation Act have provided for substantial improvements in the benefits awarded to survivors of workers who die as a result of work-related injury or disease. In general, benefits will now be more tailored to the individual circumstances of the deceased worker's survivors.

Prior to these amendments, the Board provided surviving spouses of fatally injured workers with a flat monthly payment (\$593 in 1984), plus an amount for each dependent child (\$165 in 1984), and a burial allowance not exceeding \$1,500.

"...the amended Act entitles a spouse who is not working to 'the same counselling and vocational assistance as would be provided to a worker under section 54'..."

Under the amended Act, awards to surviving spouses and dependents, for deaths which occur on or after April 1, 1985, will combine a lump sum payment and a continuing periodic payment based on the survivor's age, the presence or absence of dependent children, and the worker's income at the time of death. Payment of burial expenses will be made in an amount of not less than \$1,500.

In addition, section 36(1)(c) of the amended Act entitles a spouse who is not working to "the same counselling and vocational assistance as would be provided to a worker under section 54"; in order to enable the spouse to enter the labour force and become self-sufficient.

Lump Sum

As section 36(1) of the Act states, "Where death results from an injury to a worker, a spouse who survives the worker shall be entitled to . . ." compensation payable by way of a lump sum. The computation of the lump sum payment is related directly to the survivor's age.

Here is how it works: A spouse aged 40 will receive a lump sum of \$40,000. For the younger spouse, the lump sum will increase by \$1,000 for each year of age under 40, so that the spouse who is 20 years old will receive the maximum lump sum payment of \$60,000.

Spouses who are older than 40 years will receive a lump sum of \$40,000 less \$1,000 for each year of age over 40, to a minimum of \$20,000 for the spouse who is 60 years old.

The reasoning behind this approach is that the younger spouse needs more compensation for non-economic losses, whereas the older spouse has more need for a guaranteed, adequate level of continuing income.

Periodic Payments

Continuing periodic payments to the surviving spouse are more complex, because the amount to be paid depends on the deceased worker's income and the presence or absence of dependents. The deceased worker's income, in all cases, is considered to be the net average earnings at the time of the injury, with any survivors' benefits under the Canada Pension Plan also deducted from these earnings. These periodic payments continue for life, but will be readjusted when the spouse's youngest child reaches 19 years.

Surviving Spouse with No Children

Considering the case of a surviving spouse with no children, a spouse aged 40 will receive from the Board, in addition to the lump sum payment, a continuing benefit in the amount of 40 per cent of the deceased worker's pre-accident net average earnings. For the younger spouse, this will decrease by one per cent for each year of age under 40, to a minimum of 20 per cent, while for the older spouse the continuing benefit will increase by one per cent for each year of age over 40, to a maximum of 60 per cent. Once the benefit is awarded, however, it is fixed at that percentage and does not change as the spouse gets older.

Surviving Spouse with Children

Where there are dependent children, the continuing benefit to the spouse is fixed at 90 per cent of the pre-accident net average earnings until the youngest child reaches the age of 19, at which time the payment is readjusted downward depending on the spouse's age (at the time the child reaches 19). If the Board is in agreement that a child over the age of 19 should continue his or her education, the Board will pay 10 per cent of the worker's net average earnings at the time of the injury in respect of such child.

Dependent Children but No Surviving Spouse

If a worker is survived by one dependent child but no spouse, he or she is entitled to 30 per cent of the pre-accident net average earnings of the deceased parent. If there is more than one surviving dependent child, the children as a group are entitled to a total of 30 per cent of the pre-accident net average earnings (NAE), plus 10 per cent of the NAE for each additional dependent child over the first one (to a maximum of 90 per cent of net average earnings). With respect to the lump sum payment when there is no surviving spouse, the children will receive an aggregate total lump sum of \$40,000 in addition to continuing payments.

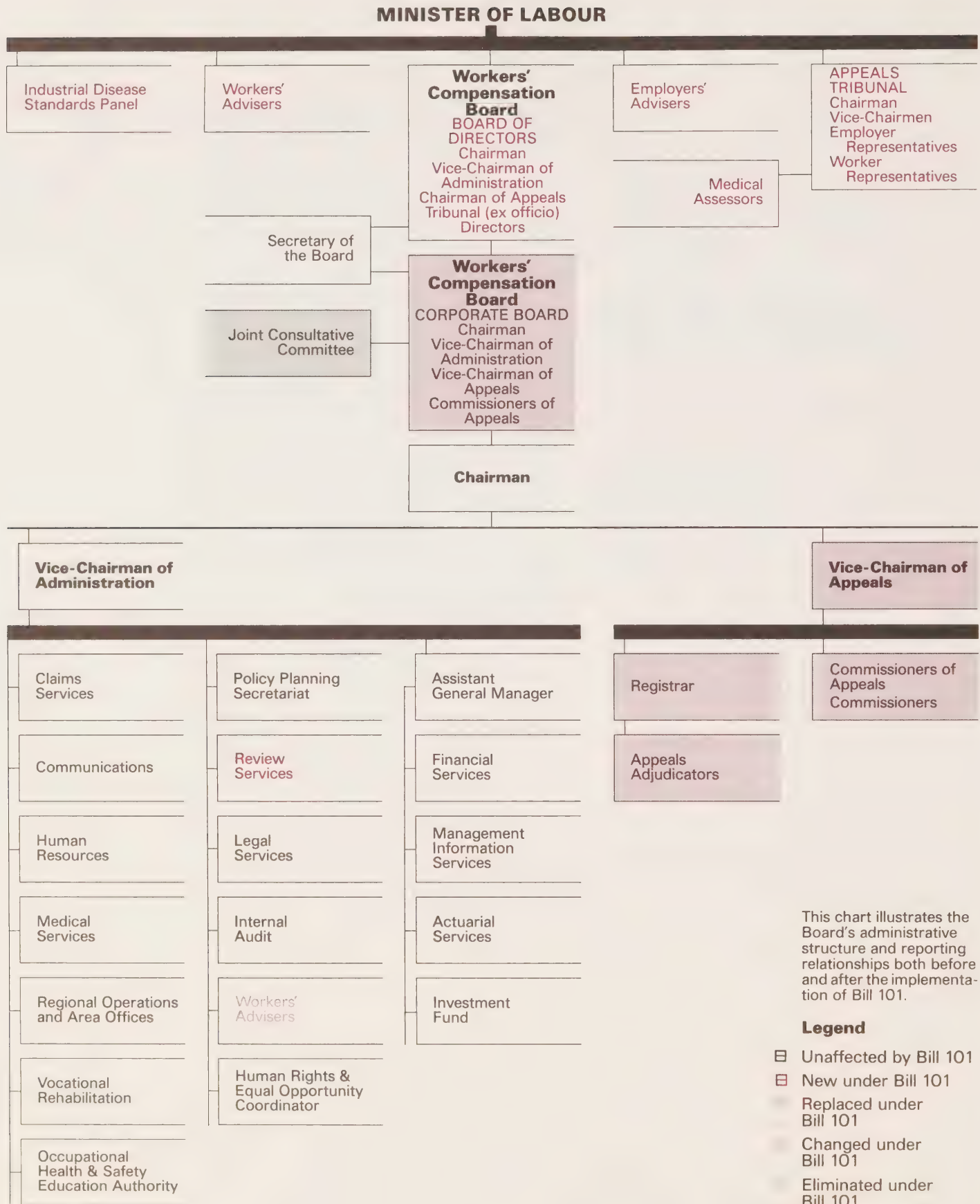
Compensation is also payable to an invalid child of a deceased worker until the child ceases to be an invalid or dies.

No Surviving Spouse or Children but Other Surviving Dependents

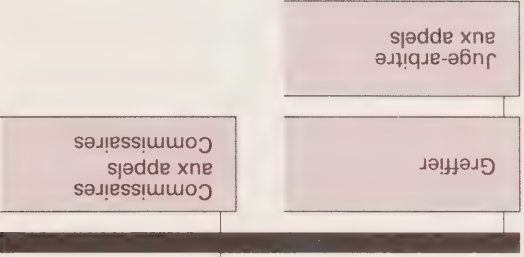
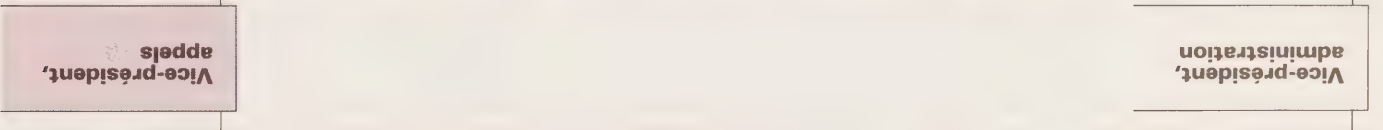
When the deceased worker is not survived by a spouse or children but there are other dependents, these dependents are entitled to compensation according to their loss, to a maximum of 50 per cent of the net average earnings of the deceased worker at the time of the injury. Compensation to dependents is payable only as long as the worker could have been reasonably expected to support these dependents. ■

Workers' Compensation Board, 1985 — Organization Chart

10



10



Ce tableau fait la comparaison de la structure administrative de la Commission avant et après l'implantation du Projet de loi 101.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Non soumis au Projet de loi 101 |
| <input type="checkbox"/> | Soumis au Projet de loi 101 |
| | Remplacé en vertu du Projet de loi 101 |
| | Modifié en vertu du Projet de loi 101 |
| | Supprimé en vertu du Projet de loi 101 |

La pension

Le calcul du versement de la pension au conjoint survivant est plus complexe, car le montant à payer dépend du revenu du travailleur défunt et si, oui ou non, il y a des enfants à charge. Dans tous les cas, le revenu du défunt est considéré comme étant la moyenne de ses gains nets lorsque l'accident s'est produit, moins les prestations de survivant accordées en vertu du Régime des pensions du Canada. La pension est payable périodiquement, du vivant du conjoint, mais elle est rajustée lorsque l'enfant le plus jeune du conjoint atteint l'âge de 19 ans.

Le conjoint survivant - sans enfants

Si nous prenons comme exemple un conjoint survivant sans enfants, celui-ci recevra de la Commission, s'il est âgé de 40 ans, le paiement forfaitaire plus une rente s'élevant à 40 pour cent de la moyenne des gains nets du défunt, avant l'accident. Lorsque le conjoint est plus jeune, la rente est diminuée à raison d'un pour cent pour chaque année jusqu'à concurrence de 20 pour cent. Quant au conjoint qui a plus de 40 ans, la pension est augmentée d'un pour cent pour chaque année, jusqu'à concurrence de 60 pour cent. Toutefois, lorsque la pension est établie à un pourcentage donné, elle ne changera plus à mesure que le conjoint vieillit.

Le conjoint survivant - avec enfants

Lorsqu'il y a des enfants à charge, la rente pour le conjoint est fixée à 90 pour cent de la moyenne des gains nets avant l'accident, jusqu'à ce que l'enfant le plus jeune atteigne l'âge de 19 ans. À ce moment-là, la rente est rajustée conformément à l'âge du conjoint. Si la Commission est d'accord qu'un enfant de plus de 19 ans continue à faire ses études, elle payera, pour cet enfant, 10 pour cent de la moyenne des gains nets du travailleur au moment de l'accident.

Enfants à charge - sans conjoint survivant

Si un enfant à charge survit au travailleur et qu'il n'y ait pas de conjoint, cet enfant a droit à 30 pour cent de la moyenne des gains nets avant l'accident du parent défunt. S'il y a plus d'un enfant à charge survivant, les enfants, en tant que groupe, ont droit à un total de 30 pour cent de la moyenne des gains nets (MGN), plus 10 pour cent de la MGN pour chacun des enfants à charge au-delà du premier, jusqu'à concurrence de 90 pour cent de la MGN. Quant au paiement forfaitaire, lorsqu'il n'y a pas de conjoint survivant, les enfants reçoivent un versement forfaitaire total de 40 000\$ en plus de la pension.

Ni enfants à charge ni conjoint survivants, mais d'autres personnes à charge survivantes.

Lorsque le travailleur défunt ne laisse ni conjoint ni enfant à charge, mais qu'il y ait d'autres personnes à charge survivantes, ces personnes ont droit à une compensation conformément au degré de leur perte, jusqu'à concurrence de 50 pour cent de la moyenne des gains nets du travailleur défunt au moment de l'accident. Les prestations ne sont versées à ces personnes à charge qu'après longtemps que le travailleur les aurait raisonnablement entretenues. ■

36.— (1) "Lorsque le décès est le résultat d'une lésion subie par le travailleur, le conjoint survivant a droit..."

L'indemnisation des Survivants

La Loi sur les accidents du travail a été modifiée pour apporter des améliorations substantielles au régime des pensions accordées aux survivants des travailleurs qui sont décédés à la suite d'un accident de travail ou d'une maladie professionnelle. Dans leur ensemble, les prestations s'adaptent aux circonstances individuelles du survivant. Jusqu'à présent, la Commission alloua au conjoint survivant d'un travailleur qui décédait des suites de ses blessures une pension forfaitaire (593\$ en 1984), un montant pour chaque enfant à charge (165\$ en 1984) et une prestation à concurrence de 1500\$ pour couvrir les frais des funérailles.

"...La loi modifiée stipule qu'un conjoint qui ne travaille pas a droit 'aux mêmes conseils et à la même orientation professionnelle que ceux accordés au travailleur en vertu de l'article 54'..."

En vertu de la loi modifiée, et en ce qui concerne les décès survenant à compter du 1^{er} avril 1985, les prestations pour les conjoints et les personnes à charge survivants comprennent un paiement forfaitaire et une pension, le tout basé sur l'âge du survivant, l'existence d'enfants à charge, et le revenu du travailleur au moment de sa mort. Le remboursement minimum des frais d'enterrement est de 1500\$.

De plus, et afin de permettre au conjoint qui ne travaille pas de s'intégrer dans la main-d'œuvre et de devenir indépendant, l'article 36 (1)(c) de la loi modifiée stipule que ce conjoint a droit "aux mêmes conseils et à la même orientation professionnelle que ceux qui seraient mis à la disposition du travailleur en vertu du paragraphe 54".

Le paiement forfaitaire

L'article 36 (1) de la Loi stipule: "Lorsque le décès est le résultat d'une lésion subie par le travailleur, le conjoint survivant a droit" à une compensation payable au moyen d'une somme forfaitaire. Le calcul de ce paiement forfaitaire est en relation directe avec l'âge du survivant.

En voici un exemple: Un conjoint âgé de 40 ans reçoit un paiement forfaitaire de 40 000\$. Pour le conjoint plus jeune, le paiement forfaitaire est augmenté à raison de 1000\$ par année en dessous de 40 ans; c'est-à-dire, un conjoint qui n'aurait que 20 ans recevrait un paiement forfaitaire de 60 000\$.

Pour les conjoints âgés de plus de 40 ans, le paiement forfaitaire est diminué à raison de 1000\$ par année jusqu'à concurrence de 20 000\$ pour les conjoints de 60 ans.

Ce raisonnement est basé sur l'idée que, pour le conjoint plus jeune, la compensation doit être plus élevée pour les pertes non économiques, tandis qu'un conjoint plus âgé a un besoin plus urgent d'un revenu adéquat régulier.



Les gens qui emploient des domestiques profitent également de façon substantielle de l'assurance de la Commission des accidents du travail. D'abord, les travailleurs blessés qui sont assurés par la Commission ne peuvent pas poursuivre en justice leur employeur pour des maladies ou lésions relatives à leur travail. Ceci veut dire, que le risque d'un procès - qui pourrait être coûteux - est nul.

Tout cela, bien entendu, n'est pas gratuit; mais c'est un placement qui en vaut largement la peine. Le coût de cette protection n'est pas fondé sur l'expérience individuelle d'un seul employeur, non, mais sur l'ensemble des accidents qui surviennent à des employés de la même catégorie à travers l'Ontario. Pour des fins de compensation, toutes ces personnes sont dans le groupe de taux numéro 907.



Si un employeur doit s'inscrire à la Commission mais ne le fait pas, il sera tenu de payer les frais d'indemnisation et les cotisations redevables lorsque l'un de ses domestiques est victime d'un accident de travail ou d'une maladie professionnelle. Bien qu'il incombait à l'employeur de s'inscrire à la Commission, il est de l'intérêt du domestique de s'assurer que son employeur l'a fait. ■

"Les domestiques qui travaillent moins de 24 heures par semaine pour un seul employeur peuvent quand même s'assurer, en en faisant la demande eux-mêmes."

En prenant l'exemple de notre bonne d'enfants, cela veut dire que cet accident n'entraînera pas une augmentation fantasmagorique des cotisations de son employeur. Les prestations payées proviennent d'une caisse de compensation pour accidents à laquelle l'employeur contribue une cotisation annuelle, sans qu'on tienne compte qu'il était fautif dans l'accident. La cotisation est basée sur un taux donné par 100\$ de salaire.

Les domestiques qui travaillent moins de 24 heures par semaine pour un seul employeur peuvent aussi s'assurer à la Commission, mais alors, c'est à eux d'en faire la demande. Ils sont classifiés comme "entrepreneurs indépendants" et la cotisation est à leur charge.

Pour vous renseigner si vous avez besoin de faire une demande d'assurance, contactez le bureau de la Commission des accidents du travail le plus proche de chez vous. La suite est facile: Demandez simplement le formulaire nécessaire, remplissez-le et renvoyez-le par la poste au siège social de la Commission à Toronto.

À la suite des amendements de la Loi sur les accidents du travail, un groupe de travailleurs qui, auparavant, n'avait pas droit à l'assurance aux termes de cette loi, pourra bientôt se faire assurer.

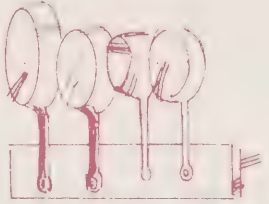
En effet, à partir du 1^{er} avril 1985, les domestiques dans notre province auront droit à l'assurance. Tout employeur qui emploie un ou plusieurs domestiques pendant plus de 24 heures par semaine doit donc se faire inscrire à la Commission des accidents du travail.

"Les gens qui emploient des domestiques profitent substantiellement en s'assurant à la Commission des accidents du travail."

Les domestiques qui sont membres de la famille de l'employeur sont, toutefois, exclus de ce règlement. Si, par exemple, le domestique est un parent, grand-parent, enfant, frère ou soeur, ou conjoint de l'employeur, cette personne n'a pas droit à l'assurance.

A cette exception près, les employeurs qui doivent s'inscrire sont ceux qui emploient des personnes des catégories suivantes:

- ménagère
- cuisinière-ménagère
- aide-maternelle, garde d'enfants
- bonne d'enfants
- personne de compagnie d'une personne âgée ou malade
- maître d'hôtel
- chauffeur
- jardinier
- homme à tout faire
- femme/homme de ménage
- bonne



La Commission des accidents du travail offre une protection et des services qu'aucun employeur particulier ne peut offrir. Par exemple, si une bonne d'enfants trébuchait sur les patins à roulettes de sa petite pupille, tomberait au bas de l'escalier et se cassait la hanche et la clavicule, la Commission payerait les frais médicaux et le salaire perdu à cause de cet accident.

Si la guérison de cette bonne d'enfants n'était pas complète et qu'il lui fut impossible de soccuper de jeunes enfants actifs, elle pourrait bénéficier des services d'orientation professionnelle de la Commission pour évaluer ses autres intérêts et aptitudes professionnelles. Les conseillers pourraient l'aider à commencer une nouvelle vie professionnelle ou lui trouver des cours de formation appropriés. Elle pourrait avoir droit à une pension d'invalidité permanente ou partielle, selon le degré de son incapacité. Et si, par malheur, elle venait à mourir des suites de cet accident, les personnes à sa charge survivantes auraient droit à toute une gamme d'indemnités pour les survivants, payées par la Commission.





— Les articles de la loi traitant des suppléments aux pensions des travailleurs partiellement invalides ont été révisés. À partir du 1^{er} avril 1985, ils prévoient le rajustement des indemnités supplémentaires à la suite de poussées inflationnistes, et l'intégration au supplément de la Commission des prestations d'invalidité payées aux termes du R.P.C. De plus, les travailleurs âgés qui ne pourront probablement pas trouver d'emploi auront droit à des suppléments équivalant à ceux des pensions de vieillesse.

Structure administrative

— Le 1^{er} juillet 1985, le Conseil d'administration de la Commission des accidents du travail sera remplacé par un nouveau conseil d'administration plus grand, dont les membres externes seront majoritaires. En plus du président et du vice-président, postes à plein temps, il y aura entre cinq et neuf administrateurs à temps partiel, représentant le patronat, les travailleurs, les professions libérales et le grand public. Ces administrateurs sont nommés par le Lieutenant Gouverneur en Conseil.

— La loi a été modifiée pour permettre à la Commission de subventionner des programmes de prévention des accidents et de formation sécuritaire mis en oeuvre par différents organismes, en plus de ceux déjà existants organisés par les associations provinciales de sécurité.

— À partir du 1^{er} juillet 1985, l'Office du conseiller du travailleur, qui aide et conseille les travailleurs dans leur appel des décisions de la Commission, sera élargi et deviendra un organisme indépendant. On a également créé un nouvel Office de conseiller du patronat. Les deux offices relèvent du ministre du Travail.

— Un nouvel organisme indépendant, le Comité de normalisation des maladies professionnelles sera fondé le 1^{er} juillet. Il révisera les directives de compensation relatives aux maladies professionnelles et fera des recommandations appropriées. Ce comité, qui sera composé de neuf membres, au maximum, provenant des sphères scientifiques, professionnelles et du public en général, dépend directement du ministre du Travail. Son mandat est d'étudier les maladies professionnelles

éventuelles, de rechercher la causalité ou le rapport avec les procédés industriels, et de réviser et établir des critères pour l'évaluation et le jugement des demandes d'indemnisation.

Appels

— Un nouveau Tribunal d'appel indépendant sera créé le 1^{er} juillet pour remplacer le système d'appel actuel de la Commission. Le tribunal sera à vocation tripartite, composé d'un président, d'un ou de plusieurs vice-présidents, plus un nombre égal de représentants des travailleurs et du patronat. Le comité relève directement du ministre du Travail.

— Le 1^{er} juillet le Lieutenant Gouverneur en Conseil désignera des praticiens en médecine indépendants pour conseiller le Tribunal d'appel en cas de problèmes médicaux litigieux.



— Les directives de la Commission concernant l'accès aux renseignements contenus dans les dossiers d'indemnisation litigieux ont été révisées et incorporées dans la loi. Les travailleurs ou leurs survivants continueront d'avoir pleinement accès aux dossiers, sauf en ce qui concerne les renseignements médicaux qui pourraient nuire au travailleur s'ils lui étaient divulgués directement. (Les renseignements sont fournis au médecin du travailleur et c'est celui-ci qui pourra les divulguer à sa discrétion). Les employeurs n'auront accès qu'aux renseignements se rapportant au litige, et le travailleur sera informé lorsque ces renseignements sont fournis. Lorsqu'il s'agit de rapports médicaux, le travailleur pourra faire valoir des objections avant que les renseignements ne soient fournis à l'employeur. Il est défendu aux employeurs de révéler des renseignements médicaux, sauf sous une forme où l'identification du travailleur ou du cas est impossible. ■

Pour de plus amples renseignements concernant les différents amendements de la loi sur les accidents du travail, prière de vous adresser au bureau de la Commission des accidents du travail le plus proche de chez vous. La Division des Communications de la Commission, au 2 rue Bloor est, Toronto, Ontario, M4W 3C3, (416) 927-3500, met à votre disposition divers dépliant d'information et des exemplaires du projet de loi 101.

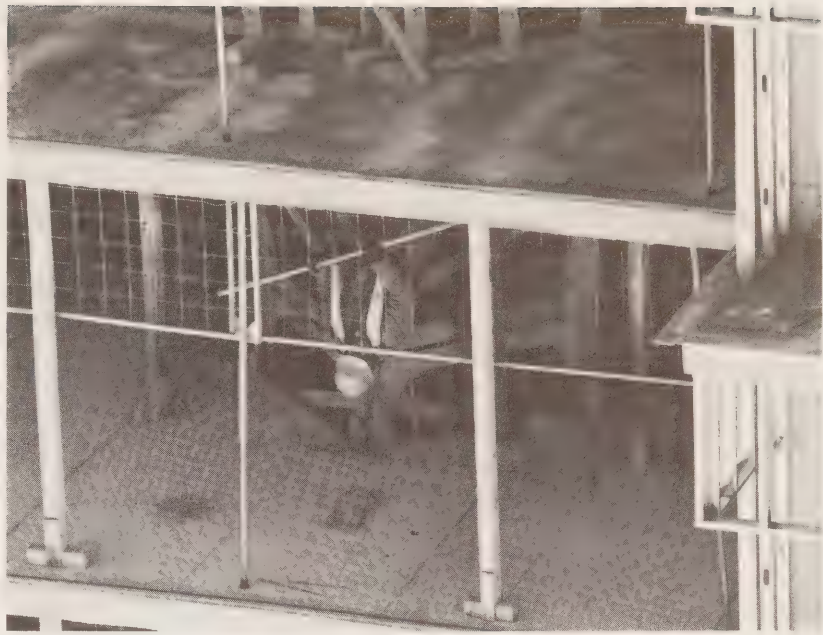
C'est au 1^{er} janvier 1915 qu'entra en vigueur la Loi sur les accidents du travail dont le but était de protéger les travailleurs et les travailleuses de cette province.

Le 1^{er} avril et le 1^{er} juillet 1985 — soit 70 ans plus tard — entreront en vigueur une série d'amendements à cette loi, qui changeront la direction et l'étendue des services fournis par la Commission ainsi que certains aspects de l'organisation elle-même.

Voici les points saillants de ces changements:

Assurance

- Pour les accidents qui se produisent à partir du 1^{er} avril 1985, le plafond des gains assurables a été relevé à 31 500\$. L'ancien plafond était de 26 800\$.
- A compter du 1^{er} avril 1985, les domestiques auront le droit à l'assurance en vertu de la Loi sur les accidents du travail. (Pour de plus amples renseignements, voir l'article à la Page 6).
- A compter du 1^{er} avril 1985, la protection contre des poursuites judiciaires (à la suite d'une lésion ou d'une maladie subie par un travailleur au travail) qui s'appliquait aux employeurs et aux travailleurs, s'appliquera également aux cadres supérieurs.



- Le code des droits de la personne de 1981 a été modifié pour interdire la discrimination à l'emploi, en ce qui concerne les travailleurs qui demandent ou qui reçoivent des indemnités de la Commission.
- Concernant les indemnités pour perte de salaire, l'employeur doit, à partir du 1^{er} avril 1985, payer le salaire et les avantages secondaires pour le jour de l'accident.
- Les prestations pour les invalidités permanentes et temporaires résultant d'accidents qui ont lieu à partir du 1^{er} avril 1985, seront calculées sur une base de 90 pour cent de la moyenne des gains nets du travailleur (au lieu de 75 pour cent des gains bruts). La moyenne des gains nets est calculée en soustrayant du revenu brut du travailleur les déductions probables pour l'impôt sur le revenu, les cotisations pour le régime des pensions du Canada, et les cotisations pour l'assurance-chômage.
- En cas d'invalidité totale temporaire, la nouvelle prestation payable pour les accidents qui ont lieu à compter du 1^{er} avril 1985 est de 10 500\$ par an ou bien, la moyenne des gains nets réels si celle-ci est inférieure à ce montant. En cas d'invalidité permanente totale, le nouveau minimum est de 10 500\$ par an.
- Les pensions des conjoints et des enfants à charge survivants sont composées, à partir du 1^{er} avril 1985, de deux parties: un paiement forfaitaire basé sur la somme de 40 000\$, rajustée selon l'âge du conjoint, plus des paiements périodiques basés sur un pourcentage de la moyenne des gains nets du défunt. Lorsqu'il y a des enfants à charge, les paiements périodiques sont fixés à 90 pour cent des gains nets avant l'accident, c'est-à-dire, au même montant qui aurait été payé au travailleur blessé pour une invalidité totale. En plus du paiement forfaitaire, les frais d'enterrement seront également payés. (Pour de plus amples renseignements, voir l'article à la page 8).
- A partir du 1^{er} avril 1985, les conjoints survivants auront droit aux mêmes services de réadaptation professionnelle que les travailleurs blessés. Ces services comprennent: l'orientation professionnelle, des possibilités d'améliorer le niveau d'instruction, la formation professionnelle, et des services de placement.

Septembre 1982
Le Comité permanent reçoit des soumissions orales et écrites des parties intéressées, à Toronto, Thunder Bay, Sudbury et Windsor.

21 décembre 1982
Date d'entrée en vigueur du changement de nom en anglais de la Commission des accidents du travail (de "Workmen's" à "Workers' Compensation Board" — et "Workers' Compensation Act").

Avril, mai, juin 1983
Le Comité permanent pour le développement des ressources reçoit des soumissions orales et écrites des parties intéressées, à Toronto.

Juillet, sept., nov., déc. 1983
Réunions à huis clos du Comité permanent pour étudier les soumissions et pour préparer un rapport.

16 décembre 1983
Le rapport final du Comité permanent pour le développement des ressources concernant "La réforme de la Loi sur les accidents du travail de l'Ontario" (Rapport Weiler) et le Livre blanc du gouvernement de l'Ontario concernant la Loi sur les accidents du travail posés à la législature par Bill Barlow, D.A.L., président du comité.

12 juin 1984

Le ministre du Travail,

Ramsay, présente le projet de loi 101, une loi pour amender la Loi sur les accidents du travail, pour la première lecture en

19 juin 1984

Deuxième lecture du projet de loi 101. Le Comité permanent pour le développement des ressources, pour la réforme de la Loi sur les accidents du travail de l'Ontario, étudie le projet de loi.

Le Comité permanent pour le développement des ressources, pour la réforme de la Loi sur les accidents du travail de l'Ontario, étudie le projet de loi.

Le Comité permanent pour le développement des ressources, pour la réforme de la Loi sur les accidents du travail de l'Ontario, étudie le projet de loi.

16 juillet - 2 août 1984

Le Comité permanent tient des audiences publiques à Toronto, Thunder Bay, Sudbury et Hamilton.

6 - 13 sept. 1984

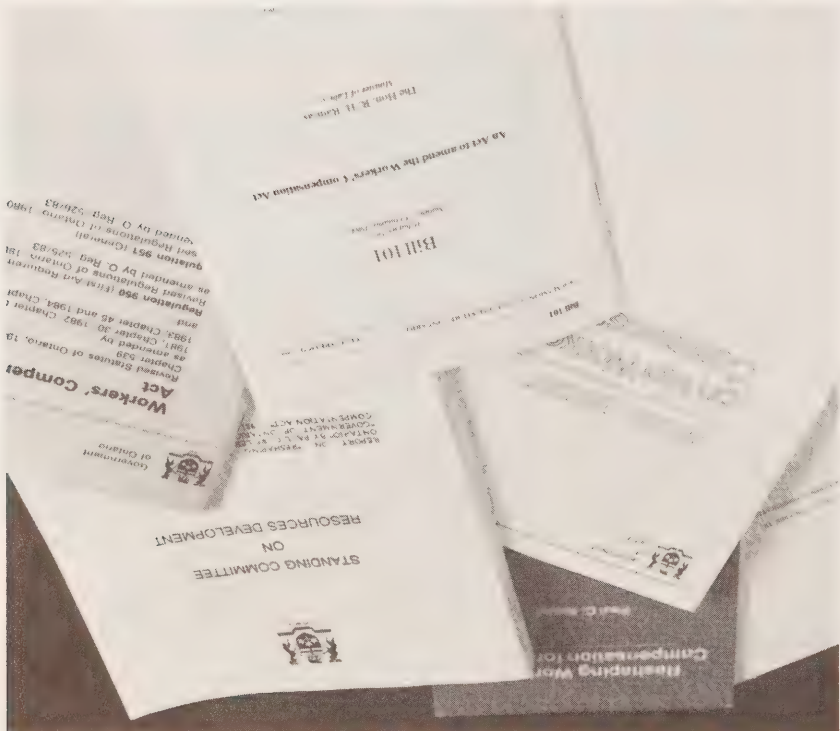
Le Comité permanent étudie le projet de loi 101 article par article.

23 octobre 1984

Le Comité permanent renvoie le projet de loi 101 à la législature.

Novembre 1984

Le Comité de la législature étudie le projet de loi.



14 décembre 1984
Troisième lecture et passage du projet de loi 101. Les amendements entrent en vigueur le 1^{er} avril 1985. ■

L'histoire de consultations et de révisions

Le projet de loi 101 — une loi pour amender la Loi sur les accidents du travail — et les nombreux changements qu'il apporte au système de compensation pour les travailleurs de l'Ontario, sont l'aboutissement d'une longue étude comparative des méthodes de compensation de cette province. Les changements apportés à la protection des travailleurs, aux indemnités et à la structure administrative de la Commission elle-même sont tous le résultat d'une étude intensive et approfondie, de comptes rendus et d'évaluations du système.

L'évolution de ces changements peint un historique pittoresque en lui-même, un historique caractérisé par une consultation et une collaboration assidues avec toutes les parties en cause — les organismes de travailleurs blessés, les organisations patronales et commerciales, les représentants des gouvernements, les repré-

Tableau chronologique des étapes et événements qui ont contribué aux changements apportés à la Loi sur les accidents du travail.

Des audiences publiques et des débats vigoureux ont tous fait partie du processus qui a abouti au passage de ces amendements et à l'introduction d'une nouvelle politique de compensation des accidents du travail en Ontario.

Bien que la Loi sur les accidents du travail ait subi périodiquement, depuis son introduction en Ontario, en 1915, des modifications qui y ont apporté des améliorations, l'étape de révision la plus récente commençait en 1979 avec le dépôt d'un livre blanc intitulé "Les préoccupations actuelles quant à la compensation des travailleurs".

Les représentants de la législature et de la Commission des accidents du travail, les représentants des communautés médicales et juridiques, et bien d'autres groupes et particuliers intéressés.

Des audiences publiques et des débats vigoureux ont tous fait partie du processus qui a abouti au passage de ces amendements et à l'introduction d'une nouvelle politique de compensation des accidents du travail en Ontario.

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28 décembre 1981 Date d'entrée en vigueur des nouvelles directives de la Commission des accidents du travail sur l'accès aux dossiers d'indemnisation.

4 juin 1982 Le premier rapport du Prof. Weiler et le Livre blanc sont remis au Comité permanent pour le développement des ressources, pour l'étude et rapport à la Chambre.



Décembre 1979 Le ministre du Travail, Robert Elgie dépose à la législature un livre blanc intitulé "Les préoccupations actuelles quant à la compensation des travailleurs".

30 janvier 1980 Le professeur Paul Weiler est choisi par le ministre du Travail, Elgie, "pour évaluer le système de compensation des travailleurs, en Ontario, et pour faire des recommandations appropriées".

25 juin 1981 "Le Livre blanc concernant la Loi sur les accidents du travail" est choisi par le ministre du Travail, Elgie. Le ministre invite toutes les parties intéressées à lui soumettre des commentaires et suggestions. Date limite: le 31 août 1981. Cette limite est ensuite prorogée.

Lincoln M. Alexander, Président de la Commission, de même que William R. Kerr, alors directeur administratif principal et directeur général adjoint, annoncent la nouvelle politique d'accès aux dossiers de la Commission adoptée en 1981.

Le 14 décembre 1984, le projet de loi 101, "Une loi pour amender la Loi sur les accidents du travail" passa en troisième et dernière lecture à la législature ontarienne. Comme l'annonça le ministre du Travail, les changements se rapportant aux prestations des travailleurs blessés entrent en vigueur le 1^{er} avril 1985, tandis que les changements administratifs et structurels vont entrer en vigueur le 1^{er} juillet 1985.

Comme vous vous en rendez compte dans les articles de cette édition spéciale de *Rapport*, les changements dans l'indemnisation des travailleurs résultant des amendements de la loi sont en effet substantiels. Ils englobent l'établissement de l'indemnisation sur une base de 90 pour cent des gains nets avant l'accident, le relèvement du plafond d'indemnisation à \$1,500 et l'allocation des prestations accordées aux survivants des travailleurs décédés à la suite d'une maladie professionnelle ou d'un accident de travail.

Ces amendements entraînent également un regroupement de certains procédés qui, dans le passé, furent exclusivement du ressort de la Commission. C'est-à-dire l'établissement d'un Tribunal d'appel tripartite indépendant, aide par des experts en médecine indépendants; l'expansion de l'Office du conseiller des travailleurs et l'établissement de l'Office du conseiller des employeurs. Tous ces organismes dépendent directement du ministère du Travail.

Le projet de loi 101 comprend un amendement au Code des droits de la personne visant à empêcher les employeurs de discriminer contre les travailleurs qui souffrent d'une lésion ou invalidité pour laquelle des prestations ont été demandées ou reçues aux termes de la Loi sur les accidents du travail. Un comité de normalisation des maladies professionnelles sera aussi créé en vertu du projet de loi pour partager son expertise dans la définition des critères selon lesquels les travailleurs atteints d'une maladie professionnelle seront indemnisés. En vertu d'une autre disposition, le Conseil d'administration est reconstitué avec l'addition de directeurs externes.

Presque chaque travailleur de la province — qu'il soit homme ou femme — du bûcheron de l'Ontario du Nord à l'ajusteur dans les usines d'automobiles de Windsor, du mécanicien à Ottawa à l'ouvrier de l'industrie pétrochimique à Sarnia — est virtuellement affecté par ces dispositions-ci et d'autres dispositions nouvelles. Les domestiques qui auparavant, n'étaient pas protégés aux termes de la loi, sont assurables à partir du 1^{er} avril 1985. Et les conjoints des travailleurs défunts ont droit maintenant à l'orientation et à la formation professionnelle.

Ces amendements sont le résultat d'un processus de révision qui commença avec le rapport du Prof. Paul Weiler, adressé en novembre 1980 au ministre du Travail d'alors, le Dr. Robert Elgie, et qui était intitulé "La réforme de la Loi sur les accidents du travail de l'Ontario". Au cours du processus de consultation et de révision qui s'en est suivi, de nombreux groupes et beaucoup de particuliers intéressés représentant le patronat, les travailleurs, les blessés et le grand public ont présenté des dossiers au Comité législatif permanent pour le développement des ressources, qui avait été chargé de faire des recommandations concernant la Loi sur les accidents du travail.

Nous pouvons donc dire très franchement que ces amendements reflètent la trame sociale en évolution rapide en Ontario. À mon avis, ils font partie d'un processus constant de révision et d'évaluation — un processus auquel la Commission des accidents du travail continuera de répondre assiduellement.

Nous tous, à la Commission, sommes prêts à continuer de servir les employeurs et les travailleurs blessés de la province, selon les termes d'une nouvelle loi modifiée sur les accidents du travail.



Lincoln M. Alexander

Lincoln M. Alexander, P.C., C.B.
Président

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101. En voici les titres :

Travailler avec la
Commission — les
renseignements
fondamentaux pour
les employeurs
concernant le
système de compen-
sation des travailleurs
en Ontario.

Avant d'avoir besoin
de nous, sachez qui
nous sommes — des
renseignements pour
les travailleurs blessés
quant à l'indemnisation
en cas d'accident.

Les domestiques et
leur assurance à la
C.A.T. : C'est la loi —
les domestiques en
Ontario ont maintenant
le droit à l'indemni-
sation en cas d'accident
de travail.

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Le patronat et la
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accidents du travail —
un guide général pour
les employeurs,
couvant les
inscriptions à la
Commission, les
cotisations, l'avis en
cas d'accident et
d'autres rensei-
gnements.

La Commission des
accidents du travail :
ce qu'elle représente
pour les travailleurs —
des renseignements
sur le processus des
demandes d'indemni-
sation, y compris ce
qu'il faut faire si l'on
est blessé au travail,
comment la Commis-
sion établit si l'indem-
nisation est payable,
ce qui est indemni-
sable, et bien plus.

Vos droits et vos
obligations en vertu
de la Loi sur les
accidents du travail —
une vue d'ensemble
sur les dispositions de
la Loi sur les accidents
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Rapport

Vol. 8 N° 1, 1985

Workers' Compensation Board
Commission des accidents du travail

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Toronto, Ontario
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Message du président

M. Lincoln Alexander, président de la Commission des accidents du travail, présente ce numéro spécial de Rapport, consacré au projet de loi 101 et aux changements que celui-ci apporte à l'indemnisation des travailleurs de l'Ontario.

L'histoire d'une révision

Les étapes et les événements qui mènent aux amendements de la Loi sur les accidents du travail. Une suite pittoresque de consultations et de révisions. Nous trouvons ici un aperçu général des changements apportés à l'indemnisation des travailleurs et à la structure de la Commission elle-même.

L'assurance pour les domestiques

Les domestiques ontarien qui jusqu'à présent n'avaient pas droit aux indemnités de la caisse de compensation ont maintenant le droit de s'assurer aux termes des amendements de la loi.

Un coup d'oeil sur le projet de loi 101

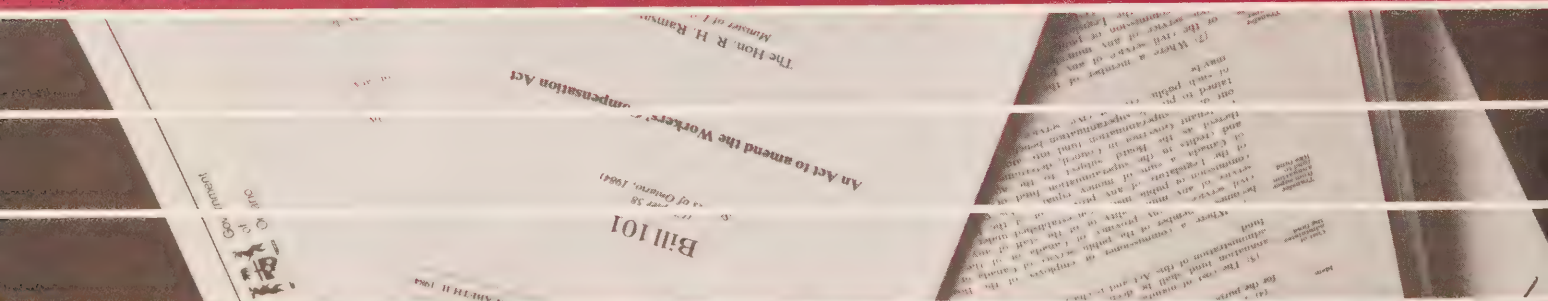
domaines où il y a eu des changements.

L'organisation de la Commission

Grâce aux changements apportés à la loi, l'indemnisation octroyée par la Commission aux survivants des travailleurs décédés à la suite d'un accident de travail ou d'une maladie professionnelle est adaptée aux circonstances individuelles.

Les survivants

De meilleures indemnisations pour



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Vol. 8 No. 2, 1985



Rapport

Industrial robots — a switch on safety 1

The increasing use of robots in industry has introduced a whole new dimension to safety in the workplace.

Accident prevention gets an early start 4

Gurping on the job: accidents start in the schools, where students are being introduced to occupational health and safety.

Short Takes 7

Increased benefits to injured workers and the year 1984 in review at the Board are the subject of news items in this issue.

Calculating compensation 8

Workers' compensation benefits to injured workers become complicated in a difficult, non-expectable way, as summarized in this simple, step-by-step calculation example.



Workers' Compensation Board

Commission des accidents du travail

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Robotics

on the Job —

Programmed for Safety

by Marilyn Kay

There was once a time when robots in the workplace would have been right out of a science fiction fantasy. Times have changed.

Today, manufacturers know that industrial robots can actually increase a company's production capacity, while ensuring greater uniformity and quality in its products. Robots are also ideal for performing tasks under what may be unhealthy or unsavoury conditions, or in circumstances requiring tremendous speed or physical labour.

Ontario Hydro, for example, uses robots to handle radioactive materials in its nuclear power plants. General Motors of Canada Ltd. now uses some 130 robots in its Oshawa plant to carry out such tasks as spray painting, spot welding, loading and unloading car parts, and car inspections. Both Ford Motor Company of Canada Ltd. and Chrysler Canada Ltd. have also added robots to the more difficult areas on their assembly lines.

Without a doubt, industrial robots are here to stay, not only in the automotive industry and its adjuncts — where most robots are presently being used in Canada — but also in other industries looking to sharpen their competitive edge.

Along with the advantages robots offer, however — among them being programmable to perform automatically, with amazing rapidity and without interruption some of industry's least desirable jobs — there comes a whole new set of considerations and potential problems. "Robots are not inherently safe, nor are they foolproof — they have special hazards all their own," says Bill McMahon, an expert in robotics safety for the Industrial Accident Prevention Association.

Essentially, explains McMahon, we are in the age of the "dumb" robot. Today's industrial robot has little or no in-built sensory perceptions — no sight and no touch. Outside of a movable mechanical arm, used for gripping, welding, spraying, and other such motions, most industrial robots are immobile and incapable of adapting to anything except the task which is programmed into their computer memory.

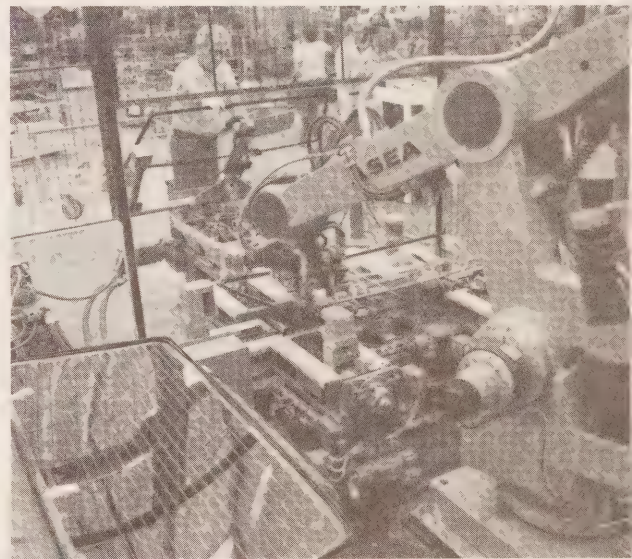
A toolmaker unauthorized to be in the robot section of General Motors' plant in Oshawa learned the hard way just how oblivious to outside, human circumstances a robot can be. He accidentally got into a spot-welding robot's path, where he was shoved along the assembly line like a piece of metal. Fortunately, the

worker escaped to tell about it, but not without suffering some serious lacerations.

Industrial robots come in all shapes and sizes, but most bear little resemblance to the human-like versions usually envisioned by Hollywood screenwriters. The most distinguishing feature of the typical industrial robot is its mechanical arm, which juts out from a tank-like base and can reach anywhere from 18 inches to six feet away, depending on the robot's size and function.

At the end of this large, articulated arm, there is generally some form of beak for welding or drilling, or a pincer grip for picking up and manipulating anything from sheet glass and metal parts to small screws. Maximum loads which these robots can handle vary from as little as a pound to as much as 175 pounds or more, depending on the model.

Fences ensure workers are kept at a safe distance from robots.



Bridges provide employees with safe routes around areas where robots are concentrated. Workers look small in comparison to the size of some robots.



They have actually been available to industry for more than 20 years, and Japanese manufacturers already boast an estimated 100,000 robots in operation. North American and European manufacturers are currently playing a catch-up game. In North America, the number of industrial robots is expected to increase from an estimated 9,000 to 10,000 in 1985 to between 50,000 and 100,000 by 1990.

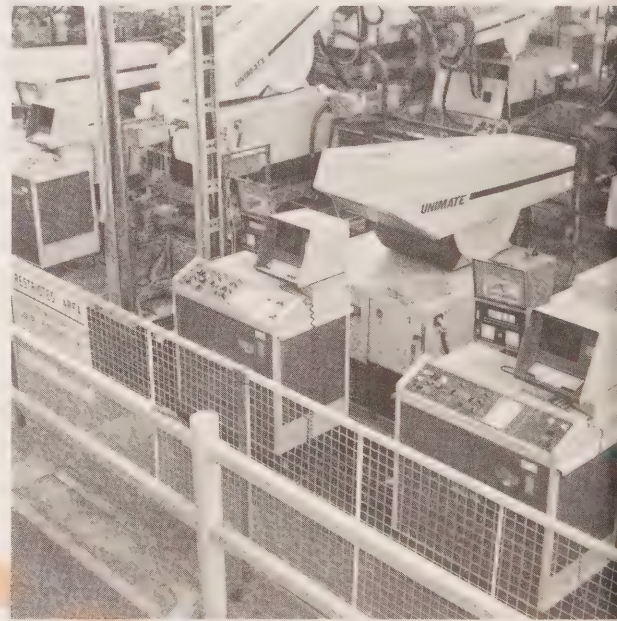
Most robot-related accidents occur when someone accidentally gets in the way of a machine which is correctly performing its sequence of programmed actions. A malfunctioning robot — either its system is overloaded or improperly maintained — can also wreak tremendous destruction. McMahon's depiction of a runaway robot erratically spraying paint or highly flammable fluids all over a factory, or flinging the object in its end-gripper to the other end of the factory, emphasizes the importance of keeping a robot well maintained.

The UAW's Ken Gerard strongly concurs. "The robots at Chrysler perform a sequence of movements during their programmed cycle. If one of them misses part of its cycle, it turns into a wild iron horse." There have been a few accidents in which a worker has been in the robot's way — "although nothing serious yet," he explains.

"But when it happens, it's important to have enough maintenance people who can bring the robot under control. The whole key to keeping robots safely in repair is to have enough properly assigned maintenance people looking after them," says Gerard.

Industrial robots are largely unable to monitor and adapt to the demands of an emergency in the working environment, which leaves it up to those around them to ensure a safe workplace. This is why safety supervisors such as Peter Heinrich of General Motors and Danny Dale of Duplate, a Division of PPG Canada Inc. in Oshawa (which manufactures automobile back windows and side door glass), emphasize the importance of involving a company's safety team right from the start.

Gates and warning signs restrict accidental entry to areas where robots are at work. Control panels are situated behind and well away from the robots' work space.



*Master Computer Control
Station monitors robots*



pincer grip at end of arm manipulates parts

When Duplate approached PRAB Robots in Kalamazoo, Michigan, Dale talked with their safety people. He drew up a safety checklist that encompassed everything from a spill plan (in case the electro-hydraulic-powered robot ever leaked hydraulic fluid) to chainlink fencing with adequate clearance of the robot's arm, to a disabling mode for emergencies. Interlocked gates were installed which shut down power when opened, and a lockout procedure was established to prevent anyone from accidentally turning on the power while someone is working on the robot. Advises Dale, "Don't hold back on safety features, even if it seems ridiculous. Better that than to fall short of the safety mark."

When Duplate acquired its second, this time electric robot, Dale also understood the importance of developing a safety awareness in workers. "Even before we hooked it up electrically for testing, we cordoned it off with yellow tape further away than the furthest reach of the robot's arm. People got used to staying outside the tape and well away from the robot before we began operating it."

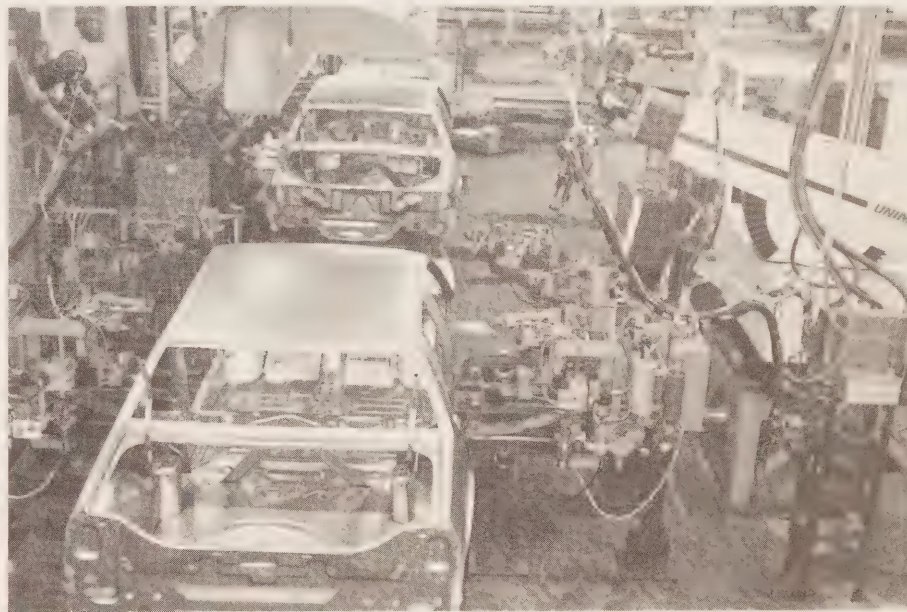
Employees at General Motors in Oshawa are also kept well away from robot areas, explains Heinrich. General Motors has installed bridges to provide routes around them.

The intensive training of personnel who operate and maintain robots is of paramount importance. At Duplate, the electrical supervisor took a course on its operation and gave in-depth video and classroom presentations to staff. At General Motors, some 300 hours of classroom and hands-on training, coupled with another 600 hours of on-the-job training are required of robot maintenance staff, says Heinrich.

Other safety procedures recommended by experts like Heinrich and McMahon include issuing badges for authorized personnel in order to keep all others out of a robot's way, and educating all workers — including company executives — to the safety hazards of robots. Heinrich also recommends the use of mechanical stops to keep the robot from going wild in an emergency, and a shutdown back-up feature incorporated right into the software. Beacons and audible signals connected with the robot would let operators and maintenance people know what it is doing and would warn of possible malfunctions. Pressure mats would, in turn, cause the robot to shut down at someone's approach.

"It's time that engineers and designers became more safety conscious and built more intrinsic safety features into robots," says McMahon, citing as further examples a redundancy system to monitor the robot's procedures and a teach mode that would reduce the robot's speed and, in turn, provide more response time on the part of the operator.

Now that robots are here to stay, it's up to the people who develop and use them to ensure they work safely and efficiently. After all, industrial robots — for all the high technology — are only tools, the value of which depends on the use, wise or otherwise, they are put to. ■



Robots are ideal for performing tasks under what may be unpleasant or unsafe conditions for workers.

"Educating students to occupational health and safety awareness in the schools can reduce accidents in the workplace."

Safety in the Workplace Gets a Start in the Schools

by Marilyn Kay

At sixteen, Jason was ready to try his artistic hand at something outside of school. It took him no time at all to find some unpaid work at a family friend's sign-painting business, under one of his high school's work experience programs. Things were going well, too, until Jason took the easy way out. Instead of climbing down and moving the ladder he was using for a sign installation, he tried to reach too far. Jason fell and broke his arm and two ribs.

Irene landed a part-time job in a small parts factory near her university campus. One evening she caught her hand in a punch press and seriously injured it.

Although these predicaments are fictitious, the accident situations — and statistics — they represent are all too real. Young people between the ages of 15 and 24 account for a disproportionate number of accidents on the job, compared with workers in other age categories. What's more, more than half of these accidents occur within their first year in a new job.

In 1981, for example, the Industrial Accident Prevention Association (IAPA) found that 15- to 24-year-olds accounted for 30 per cent of Workers' Compensation Board claims in Ontario, while making up only 19.4 per cent of the province's work force in the manufacturing sector. Although accident statistics for this age group have drastically dropped since the early 1980s (in 1984, 22.9 per cent of Board claims involved this age group, which made up only 17.2 per cent of workers in the manufacturing sector), this does not necessarily reflect a dramatic change in safety habits among young workers. It may be a result, in part, of high youth unemployment, coupled with the fact that those who are hired are increasingly taking less hazardous jobs in service industries.

Paul Murdoch, co-ordinator, safety projects with the Workers' Compensation Board's Occupational Health and Safety Education Authority explains it this way: "Young workers, like young drivers,

are generally less mature, less experienced and accept greater risks than do older people." Without proper training and a well-developed, positive attitude towards safety, young people — like workers of all ages — can be a risk to themselves and others, whether they are on the job or on the road.

As to possible solutions, industry, says Murdoch, needs to provide more safety training to its workers before they start a job, as well as to spend more time establishing safe, efficient work procedures that are closely monitored. At the same time, he would like to see more emphasis in the school system on providing students — a captive audience — with a good, pre-work force introduction to occupational health and safety.

Student safety awareness program

In the field of occupational health and safety education, the Industrial Accident Prevention Association (IAPA) has been a pioneer. It began a student safety awareness program in 1969 in order to teach students in technical schools that they have an obligation to themselves and to their employers to know about on-the-job safety. In 1983, IAPA extended the program to include non-technical students in the province. This year, the program has been adopted by some 245 secondary schools in Ontario, with an enrolment of 90,000 students.

The IAPA's program includes a study workbook entitled *Safety in Your Lifestyle*, which covers a wide variety of topics, such as safety guidelines for the home, standard safe work practices, a sample of an Ontario driving test, and safety fact sheets from various industries. The knowledge of this and other material is tested in annual school team competitions, which result in final matches in both technical and non-technical school categories at IAPA's spring conference. There, student teams are quizzed on such subjects as common fire hazards, industrial lockout procedures and dealing with toxic and corrosive chemicals.

IAPA program organizer Bonnie Conrad is very enthusiastic about its growing acceptance. "It's not mandatory, but the Ministry of Education and the school boards are supportive of the program," she says. "Technical teachers use it and co-op students undergo extensive study before going out into the workplace. It's even used as extra reading material by English departments and in chemistry and physical education classes," Conrad continues. "Some teachers may spend 15 minutes a day on the program, while others integrate the material to fit their own curriculum."

Employers are also beginning to appreciate being able to hire students with some background in occupational health and safety. Jack Rickaby, employment manager for Algoma Steel in Sault Ste. Marie, confirms that successful completion of the student safety awareness program is a point in a prospective employee's favour. "All things being equal between two Grade 13 graduates, we'll take the one with the IAPA's safety program once we start hiring again," he says.

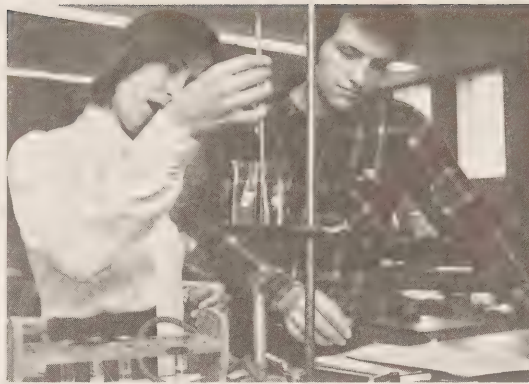
In addition to the lifestyle safety program, the IAPA has an adopt-a-school program, which encourages local industries to partner a secondary school in their area in order to promote occupational health and safety awareness. An IAPA industry representative provides speakers to the school on such topics as back care, school safety, safety attitudes at work and in recreation, and the proper use of fire extinguishers, to name a few. The safety supervisor will also arrange plant tours for students and can help organize safety competitions.

A prime example of this partnership involves the South Grenville District High School in Prescott. Principal George Lamacraft and technical director Alan Baker have collaborated with Ivan Gagnon, president of the local IAPA, to establish a school safety committee — which includes students, teachers, administrative, caretaking and secretarial members.

Committee studies accidents

The committee meets monthly to discuss school accidents, their causes and ways of preventing them. Their accident reports and recommended preventive measures help not only to reduce accidents on the school site, but to develop greater recognition among students that accidents can, in fact, occur and can also be prevented.

While the IAPA's programs are geared toward secondary schools, the Farm Safety Association concentrates on the province's rural elementary schools. "Agriculture, unlike any other industry, has many children involved in or exposed to the workplace from a very early age," explains Jane Reed, the association's general manager.



Employers appreciate being able to hire students with some knowledge of health and safety.

Ministry of Education



Since 1978, the Farm Safety Association has promoted its rural Ontario safety kit program among rural boards of education. To date 43 boards, covering some 900 elementary schools and 255,000 students, have adopted the program. "By the end of 1985, we hope to involve the remaining 45 boards and 1,200 elementary schools with our safety kit program," Reed adds. Although she says she is a bit wary of crediting the program with too much success, farm fatalities in the 15-and-under age group have definitely decreased since the program's introduction.

The Farm Safety Association also sponsors 22 4-H Farm Safety Clubs and jointly sponsors an annual farm safety competition with the Junior Farmers' Association. The competition tests the knowledge and skills of the province's budding farmers in operating farm equipment and in identifying and dealing with hazardous situations.

In addition, the association offers occupational health and safety instruction to some 500 students enrolled in agricultural colleges and community college agricultural courses across Ontario. "And thanks to the University of Guelph Junior Farmers, the association provided a series of five safety seminars at the university for the first time last year," says Reed.

While introducing occupational safety awareness at the school level is on the increase, a number of safety specialists are still concerned. According to a Queen's University study in 1983, there are still many gaps in occupational health and safety instruction in the province's education system.

"...students may be overprotected and unready for the cultural shock of leaving school for the workplace."

Part of the problem, says Murdoch, is in the tremendous responsibility teachers feel for ensuring their schools are safe and for preventing the possibility of being sued in the event of an accident. "Teachers just eliminate the hazards rather than teaching students how to handle potential problems safely," he explains. "In other words, while it appears that teachers currently do a good job of protecting students in schools, what they don't do is make students aware of how they are protecting them — nor how conditions differ in terms of safety between a school shop and a factory setting. As a consequence, students may be overprotected and unready for the cultural shock of leaving school for the workplace."

Teachers play it safe

The Ontario Ministry of Education's safety officer, Noel Bennet-Alder, tends to agree. "Technical teachers are ultra safe — they sort of swathe the students in cotton batting," he says. For example, teachers avoid handling some of the more dangerous science experiments with students because "they don't want the hassle of having to carefully supervise the students," he explains.

In order to help secondary school teachers incorporate student safety awareness into their programs — for later application in the workplace — Murdoch and Bennet-Alder were part of a committee composed of representatives from the Ministry of Labour, the Ontario Secondary School Teachers' Federation, the Ontario Technical Directors Association and several safety associations, along with Professor Herb Salter of Queen's University.

Together, they formulated and are presently testing a number of occupational health and safety education modules, which can be incorporated into a secondary school curriculum. The modules cover the teaching of hazard recognition and control in the workplace and in the school, the use of safe working surfaces, and fire safety. Once these modules have been tested, Murdoch hopes to begin introducing them to educators across the province, for possible use in the schools by the fall of this year.

In conjunction with the Ontario Science Teachers' Association and the provincial safety associations, Murdoch has also helped to develop a videotape on laboratory safety in schools. This hard-hitting video juxtaposes typical in-school laboratory instruction, including potential accidents, with vivid scenes from industrial accidents.

The message is clear: Good safety practices learned in school can be translated into the workplace, where individuals will be better equipped to handle potentially dangerous situations to the health and safety of themselves and those around them. ■

Safety practices learned in school can be used in the workplace.



Short Takes Short Takes Short Takes Short Takes Short Takes Short Takes

Workers' Compensation Benefits Increased

Amendments to the Workers' Compensation Act, introduced in July by Minister of Labour William Wrye, have increased workers' compensation benefits, effective July 1, 1985.

Changes in compensation include a five per cent increase in permanent disability pensions and surviving dependents' pensions, for injuries or deaths occurring on or after April 1, 1985. The new minimum amount payable to workers with permanent total disabilities and to survivors of deceased workers, for injuries or deaths on or after April 1, has been increased to \$11,025 per year, up from \$10,500 per year.

For injuries or deaths which occurred before

April 1, 1985, there are also a number of benefit increases. Permanent disability pensions have been raised by five per cent, with a new minimum amount payable of \$868 per month for permanent total disability, up from \$826 per month. Surviving dependents' pensions have increased by eight per cent. The ceiling on covered earnings, for accidents which occurred before April 1, 1985, has been raised to \$28,200 from \$26,800. And the minimum weekly amount payable in cases of temporary total disability has increased to \$198 from \$188 per week.

Also included in the amendments are increased clothing allowances to injured workers using a prosthesis or wheelchair.

For more detailed information concerning these amendments, contact the Communications Division, Workers' Compensation Board. ■

Administrative Changes among Board Highlights of 1984

New claims to the Workers' Compensation Board were up 12.8 per cent last year, according to the Board's 1984 annual report, which was released in July.

A total of 388,845 new claims were reported to the Board province-wide in 1984, compared with 344,758 claims the previous year. Benefits paid totalled \$978.6 million, up from \$860.1 million in 1983.

Health care benefits paid during the year increased by 13.9 per cent, to \$128.6 million. Vocational rehabilitation staff were instrumental in rehabilitating 4,410 injured workers, up 10.8 per cent over 1983.

Major adjustments in the Board's administration of the Workers' Compensation Act in many ways gave shape to the year's work at the Board. Preparations for the passage of Bill 101, an Act to amend the Workers' Compensation Act — which was passed on December 14, 1984 — involved many aspects of the Board's operations. (Sections of the amended Act which relate to coverage and benefits came into effect on April 1, 1985, while changes involving the administration of the Board are effective October 1, 1985.)

Other highlights of 1984 at the Board include the introduction of a new Occupational Health and Safety Education Authority which, among other things, co-ordinates the development and delivery of occupational health and safety education programs by the provincial safety associations and the

Ontario Federation of Labour; and the development of a new experience rating plan, through which employers' assessment charges can better reflect their compensation costs and accident frequency.

The annual report, for the first time published in a bilingual format, also demonstrates the Board's commitment during the year to expanding its already extensive French language capabilities.

Copies of the Board's 1984 annual report can be obtained from the Communications Division, Workers' Compensation Board, 2 Bloor Street East, Toronto, Ontario, M4W 3C3. (416) 927-3500 or 1-800-268-7190. ■

Calculating Compensation

8

Benefits payable by the Workers' Compensation Board for work-related injuries and industrial diseases are now being calculated in a new, more equitable way.

As of April 1, 1985, under amendments to the Workers' Compensation Act, benefits to injured workers are calculated on the basis of 90 per cent of the worker's pre-accident net average earnings (NAE) rather than on 75 per cent of pre-accident gross average earnings.

What this means to injured workers, and how the Board calculates the net average earnings figure on which benefits are based — for workers injured on or after April 1, 1985 — is the subject of this article. Providing this detailed information

should dispel any confusion which the new method of calculating benefits may cause to injured workers who have dealt with the Board in the past. Employers in Ontario who have contracted with their employees to augment compensation benefits will also find this information useful in their calculations.

The move to 90 per cent of net average earnings came about in order to remove inequities in the previous system at the Board, which particularly affected low-paid injured workers with relatively large families.

Paul Weiler, for one, in his 1980 report *Reshaping Workers' Compensation for Ontario*, pointed to the inequities of the system which was based

Case 1

Injured worker with pre-accident gross average earnings of \$400.00 per week and supporting a spouse.

	Annual	Weekly
Gross average earnings	\$20,800.00	\$400.00
less probable:		
CPP deductions	333.00	6.40
UI premium	488.80	9.40
*income tax	2,644.01	50.85
equals net average earnings	\$17,334.19	\$333.35

The injured worker is entitled to weekly benefits of \$300.02 (90% of net average weekly earnings).

*Probable annual income tax is determined as follows:

Gross average annual earnings		\$20,800.00
less probable:		
CPP deductions	\$ 333.00	
UI premium	488.80	
total personal exemption (TD1 Code '8')	8,120.00	
employment expense	500.00	
allowance for other deductions	100.00	9,541.80
equals probable taxable income		\$11,258.20
Probable income tax (\$1,754.06 federal; \$889.95 provincial)		\$ 2,644.01

on 75 per cent of gross average earnings. In that report, he explains that "a single worker who now earns near [the earnings ceiling] would collect more in compensation payments than he received in net disposable income from work. By itself this fact troubles a great many employers. The erratic and inequitable distribution of benefits by the current system troubles union leaders as well. The single, higher-income wage earners may profit from the current structure, but the lower-paid injured worker with a fairly large family suffers. He gets none of the benefits of non-taxability (since he has little taxable income in any event), but he still loses the full 25% margin. Furthermore, raising the overall ceiling to cover higher income levels is of little benefit to the injured worker with a large family, because the stiff progressive tax structure would simply aggravate the distortions caused by the current tax situation."

As of April 1, 1985, temporary and permanent disability payments for occupational injuries and diseases occurring on or after that date are based on 90 per cent of a worker's net average earnings. The minimum compensation payable

in 1985 for temporary disabilities is \$10,500 or the net average earnings of the worker at the time of the accident if those earnings are less than \$10,500.

By legislative requirement, the Workers' Compensation Board will prepare an annual table of net average earnings, from which it will calculate an individual injured worker's net average earnings. This table is considered "conclusive and final" when there is a question or dispute concerning the net average earnings of a specific injured worker.

Determining Net Average Earnings

The Board determines net average earnings in this table by deducting from the worker's earnings probable income tax, probable Canada Pension Plan (CPP) premiums, and probable unemployment insurance (UI) premiums payable by the worker.

The methods which the Board uses to determine these probable deductions are outlined as follows:

Case 2

Injured worker with pre-accident gross average earnings of \$600.00 per week, supporting a spouse and two children ages 16 and 18.

	Annual	Weekly
Gross average earnings	\$31,200.00	\$600.00
less probable:		
CPP deductions	379.80	7.30
UI premium	562.12	10.81
*income tax	5,263.97	101.25
equals net average earnings	\$24,994.11	\$480.64

The injured worker is entitled to weekly benefits of \$432.58 (90% of net average weekly earnings).

*Probable annual income tax is determined as follows:

Gross average annual earnings		\$31,200.00
less probable:		
CPP deductions	\$ 379.80	
UI premium	562.12	
total personal exemptions (TD1 Code '10')	9,735.00	
employment expense	500.00	
allowance for other deductions	100.00	11,276.92
equals probable taxable income		\$19,923.08
Probable income tax (\$3,524.30 federal; \$1,739.67 provincial)		\$ 5,263.97

Probable Canada Pension Plan Premium

In 1985, the first \$2,300 of each worker's annual earnings is exempt from CPP premiums. On earnings above that amount and up to \$23,400 in 1985, the worker pays an annual premium of 1.8 per cent of salary or wages.

To calculate the probable weekly premium, the annual premium is divided by 52.

Probable Unemployment Insurance Premium

Unemployment insurance premiums in 1985 are equal to 2.35 per cent of a worker's gross weekly earnings, up to a maximum of \$460 per week in gross earnings.

Probable Income Tax

The method used by the Board to determine probable income tax is based on the Option 4 approach outlined in Revenue Canada's MC booklet (MC42 in 1985).

To calculate probable weekly income tax, the probable annual income tax is divided by 52 and rounded to the nearest five cents.

Table of Net Average Earnings

The Board's net average earnings table contains weekly NAE amounts categorized by net claim codes for weekly gross average earnings, up to \$606 in one-dollar increments. The worker's net claim code is established when he or she completes Revenue Canada's Tax Exemption TDI form at the beginning of the taxation year. For workers' compensation purposes, it is important that this Revenue Canada form be completed accurately each year.

Weekly net average earnings are calculated by subtracting the sum of the weekly probable income tax and premiums for CPP and UI from weekly gross average earnings.

Three case examples of these calculations, as carried out for injured workers with differing gross incomes and net claim codes, will help to clarify these basically straightforward calculations.

The complete net average earnings table is available on request from the Workers' Compensation Board's Communications Division, 2 Bloor Street East, Toronto, Ontario, M4W 3C3. (416) 927-3500 or 1-800-268-7190. ■

Case 3

Injured worker with pre-accident gross average earnings of \$200.00 per week and no dependents.

	Annual	Weekly
Gross average earnings	\$10,400.00	\$200.00
less probable:		
CPP deductions	145.80	2.80
UI premium	244.40	4.70
*income tax	997.51	19.20
equals net average earnings	\$ 9,012.29	\$173.30

The injured worker is entitled to weekly benefits of \$173.30 (100% of net average weekly earnings), since net average annual earnings are less than \$10,500.

* Probable annual income tax is determined as follows:

Gross average annual earnings		\$10,400.00
less probable:		
CPP deductions	\$ 145.80	
UI premium	244.40	
total personal exemptions (TD1 Code '1')	4,140.00	
employment expense	500.00	
allowance for other deductions	100.00	5,130.20
equals probable taxable income		\$ 5,269.80
Probable income tax (\$641.56 federal; \$355.95 provincial)		\$ 997.51

Cotisation probable au Régime de pensions du Canada (R.P.C.)

En 1985, le travailleur n'a pas à verser de cotisation au R.P.C. sur les premiers 2 300 \$ de gains. Sur les gains supérieurs à 2 300 \$, jusqu'à concurrence de 23 400 \$, le travailleur verse une cotisation annuelle équivalant à 1,8 % de son salaire.

La cotisation hebdomadaire est calculée en divisant la cotisation annuelle par 52.

Cotisation probable à la Commission de l'assurance-chômage

La cotisation d'assurance-chômage correspond à 2,35 % du salaire hebdomadaire brut du travailleur, jusqu'à concurrence de 460 \$ par semaine.

Retenue probable de l'impôt sur le revenu

Pour calculer les retenues d'impôt sur le revenu, la Commission se reporte à la méthode utilisée dans la brochure MC (MC 42 pour 1985) de Revenu Canada (4^e choix).

L'impôt hebdomadaire probable est calculé en divisant le montant de l'impôt annuel par 52. Le résultat est arrondi au 5 ¢ le plus proche.

Vous pouvez obtenir un exemplaire de la table des gains moyens nets en vous adressant à la Division des communications de la Commission des accidents du travail, 2, rue Bloor est, Toronto, Ontario, M4W 3C3 ou en composant soit le (416) 927-3500 soit le 1-800-268-7190. ■

Table des gains moyens nets

La table des gains moyens nets de la Commission fournit les montants hebdomadaires des gains moyens nets classés par tranche de 1 \$ selon les codes de demande nette correspondant à la moyenne des gains hebdomadaires bruts, jusqu'à concurrence de 606 \$. Lorsque le travailleur remplit la formule TD1 d'exemption d'impôt de Revenu Canada au début de l'année, un code de demande nette lui est assigné. Aux fins d'indemnisation, il est important que cette formule soit remplie correctement tous les ans.

Les gains hebdomadaires moyens nets sont calculés en soustrayant les retenues hebdomadaires probables pour l'impôt et les cotisations au R.P.C. et à la Commission de l'assurance-chômage de la moyenne des gains hebdomadaires bruts.

Les trois exemples ci-dessous s'appliquent à des travailleurs dont le revenu brut et le code de demande nette sont différents. Ces exemples vous permettront de mieux comprendre la méthode de calcul.

Exemple n° 3	
Le travailleur blessé touchait un salaire moyen brut de 200 \$ par semaine avant son accident et n'a personne à charge.	
Annuel	Hebdomadaire
10 400,00 \$	200,00 \$
Gains moyens bruts	
moins retenues probables :	
Régime de pensions du Canada	2,80 \$
Assurance-chômage	4,70 \$
Impôt sur le revenu	19,20 \$
Gains moyens nets	173,30 \$
Le travailleur blessé a droit à des indemnités hebdomadaires de 173,30 \$ (soit 100 % de la moyenne des gains hebdomadaires nets), puisque ses gains annuels moyens nets sont inférieurs à 10 500 \$.	

*L'impôt probable sur le revenu annuel est calculé comme suit :	
Moyenne des gains annuels bruts	10 400,00 \$
moins retenues probables :	
Régime de pensions du Canada	145,80 \$
Assurance-chômage	244,40 \$
Total — exemptions personnelles (code 1 - formulaire TD1)	4 140,00 \$
Frais professionnels	500,00 \$
Autres déductions	100,00 \$
Revenu imposable probable	5 269,80 \$
Impôt probable sur le revenu (fédéral, 641,56 \$; provincial, 355,95 \$) =	997,51 \$

Les maladies professionnelles survenues à cette date ou ultérieurement sont calculées à raison de 90 % des gains moyens nets du travailleur. L'indemnité annuelle minimum versée à un travailleur en 1985 pour une invalidité temporaire est de 10 500 \$ ou le montant correspondant aux gains moyens nets qu'il recevait au moment de son accident, si ces gains sont inférieurs à 10 500 \$.

Conformément aux dispositions de la loi, la Commission des accidents du travail complètera une table annuelle des gains moyens nets. Cette table servira à calculer les gains moyens nets d'un travailleur blessé. En cas de doute ou de litige concernant les gains moyens nets d'un travailleur, les données de cette table sont celles qui sont retenues pour en calculer le montant.

Calcul des gains moyens nets

Pour établir les gains moyens nets qui figurent dans cette table, la Commission soustrait des gains du travailleur les retenues probables pour l'impôt sur le revenu, les cotisations au Régime de pensions du Canada et à la Commission de l'assurance-chômage. La Commission calcule ces retenues et cotisations de la manière suivante :

système suivant lequel les indemnités étaient calculées à raison de 75 pour cent des gains moyens bruts. Il expliquait dans ce rapport qu'un travailleur célibataire dont le salaire approche du "plafond des gains" toucherait une indemnité plus élevée que le salaire net qu'il gagnait en travaillant, ce qui préoccupe fortement de nombreux employeurs. La répartition inégale et injuste des indemnités selon le système actuellement en vigueur soucie également les dirigeants syndicaux.

La structure actuelle peut avantager le travailleur célibataire ayant un salaire élevé mais elle défavorise le travailleur à faible revenu dont la famille est nombreuse. Le fait que les indemnités ne soient pas imposables ne le favorise nullement (puisque son revenu est si bas que l'impôt qu'il paie est minime), par contre, il perd 25 % de son salaire. De plus, augmenter le plafond des gains pour inclure les tranches de revenu plus élevées n'apporte pas d'avantages au travailleur ayant une famille nombreuse puisque l'échelle d'impôt progressif ne ferait qu'accentuer les disparités créées par la structure fiscale actuelle.

À partir du 1^{er} avril 1985, les indemnités d'invalidité temporaire et d'invalidité permanente versées pour les accidents du travail ou

Exemple n° 2

Le travailleur blessé touchait un salaire moyen brut de 600 \$ avant son accident; il a un conjoint et deux enfants (16 et 18 ans) à charge.	
Annuel	Hebdomadaire
Gains moyens bruts	600,00 \$
moins retenues probables :	
Régime de pensions du Canada	7,30 \$
Assurance-chômage	10,81 \$
Impôt sur le revenu *	101,25 \$
Gains moyens nets	480,64 \$
Le travailleur blessé a droit à des indemnités hebdomadaires de 432,58 \$ (soit 90 % des gains hebdomadaires moyens nets).	

* L'impôt probable sur le revenu annuel est calculé comme suit :

Moyenne des gains annuels bruts	31 200,00 \$
moins retenues probables :	
Régime de pensions du Canada	379,80 \$
Assurance-chômage	562,12 \$
Total — exemptions personnelles (code 10 - formulaire TD1)	9 735,00 \$
Frais professionnels	500,00 \$
Autres déductions	11 276,92 \$
Revenu imposable probable	19 923,08 \$
Impôt probable sur le revenu (fédéral, 3 524,30 \$; provincial, 1 739,67 \$) =	5 263,97 \$

La Commission des accidents du travail a adopté une nouvelle méthode pour calculer de façon plus équitable les indemnités versées au travailleur en cas d'accident du travail ou de maladie professionnelle.

Conformément aux modifications apportées à la Loi sur les accidents du travail le 1^{er} avril 1985, les indemnités versées au travailleur blessé sont calculées d'après 90 % des gains moyens nets (G.M.N.) qu'il touchait avant son accident (au lieu de 75 % des gains moyens bruts).

Le présent article définit la portée de ces modifications pour le travailleur ayant subi un accident le 1^{er} avril 1985 ou après et il explique comment la Commission calcule les gains moyens nets, d'après lesquels les indemnités versées au travailleur sont établies.

Les renseignements suivants devraient permettre d'éviter toute confusion quant à la nouvelle méthode de calcul des indemnités particuliérement pour les travailleurs qui ont déjà eu affaire avec la Commission. Les employeurs en Ontario qui ont passé un accord avec leurs employés dans le but de majorer les indemnités trouvont également ces renseignements utiles.

Les indemnités ont été portées à 90 % des gains moyens nets pour corriger les inégalités de l'ancien système d'indemnisation qui désavantageait les travailleurs blessés ayant un faible revenu et une famille nombreuse.

Dans un rapport de 1980 intitulé *La réforme de la Loi sur les accidents du travail de l'Ontario*, M. Paul Weiler mentionne les inégalités de l'ancien

Exemple n° 1		Le travailleur blessé touchait un salaire moyen brut de 400 \$ par semaine avant son accident et il a un conjoint à charge.	
		Annuel	Hebdomadaire
Gains moyens bruts	20 800,00 \$		400,00 \$
moins retenues probables :			
Régime de pensions du Canada	333,00 \$		6,40 \$
Assurance-chômage	488,80 \$		9,40 \$
Impôt sur le revenu	2 644,01 \$		50,85 \$
Gains moyens nets	17 334,19 \$		333,35 \$
Le travailleur blessé a droit à des indemnités hebdomadaires de 300,02 \$ (soit 90 % de la moyenne des gains hebdomadaires nets).			
*L'impôt probable sur le revenu annuel est calculé comme suit :			
Moyenne des gains annuels bruts	20 800,00 \$		
moins retenues probables :			
Régime de pensions du Canada	333,00 \$		
Assurance-chômage	488,80 \$		
Total — exemptions personnelles (code 8 - formulaire TD1)	8 120,00 \$		
Frais professionnels	500,00 \$		
Autres déductions	100,00 \$		
Revenu imposable probable	11 258,20 \$		
Impôt probable sur le revenu (fédéral, 1 754,06 \$; provincial, 889,95 \$) =			2 644,01 \$

Majoration des indemnités de la Commission des accidents du travail

travailleur décédé depuis de 1^{er} avril 1985. On a également prévu un relèvement des indemnités pour les cas de lésions ou de décès survenus avant le 1^{er} avril 1985. Le montant des pensions d'invalidité permanente a été relevé de 5 %. Le montant minimum des pensions d'invalidité permanente pour les accidents du travail, se sont traduits par une augmentation des indemnités fixées par la Commission des accidents du travail.

En vertu de ces amendements, en vigueur depuis le 1^{er} juillet 1985, les pensions d'invalidité permanente et les prestations aux survivants à charge, sont majorées de 5 %, rétroactivement au 1^{er} avril 1985. Le montant minimum annuel payable à un travailleur atteint d'une invalidité totale résultant d'une blessure subie au cours de la période commençant le 1^{er} avril 1985, est passé de 10 500 \$ à 11 025 \$. Cette disposition s'applique également aux survivants d'un

Renouveau administratif à la Commission

Des rajustements importants dans l'administration de la Loi sur les accidents du travail ont, à bien des égards, faconné le travail réalisé à la Commission. En vue de l'adoption du projet de loi 101, Loi modifiant la Loi sur les accidents du travail, des dispositions ont été prises par de nombreuses parties concernées au sein de la Commission.

(Le projet de loi a été adopté en décembre 1984. Les articles de la loi modifiée concernant la protection et les indemnités sont en vigueur depuis le 1^{er} avril 1985. Les articles traitant des changements apportés dans l'administration de la Commission prennent effet le 1^{er} octobre 1985.)

Parmi les faits marquants survenus à la Commission en 1984, figure la création de l'Office d'information sur la santé et la sécurité au travail qui veille, entre autres, à assurer la mise sur pied et l'application des programmes en matière de santé et de sécurité au travail par les Associations ontariennes pour la sécurité et la

Fédération du travail de l'Ontario. Notons aussi la mise en place d'un nouveau système de tarification expérimental qui permet de calculer plus précisément la cotisation des employeurs en fonction des coûts d'indemnisation et de la fréquence des accidents.

La publication du Rapport annuel, pour la première fois dans les deux langues officielles, témoigne de la volonté de la Commission d'étendre les services en français déjà en place.

On peut se procurer des exemplaires du rapport annuel de la Commission pour l'année 1984 à la Division des communications, Commission des accidents du travail, 2, rue Bloor est, Toronto, Ontario, M4W 3C3. Téléphone: (416) 927-3500 ou 1 800 268 7190. ■



Les mesures de sécurité apprises à l'école peuvent s'appliquer au milieu de travail.

Pour aider les enseignants du secondaire à intégrer ces programmes d'éducation sur la sécurité dans leurs programmes généraux, en prévision d'une application sur le marché du travail, MM. Murdoch et Bennet-Alder ont siégé à un comité composé de M. Herb Salter, professeur à l'université Queen's, et de représentants du ministère du Travail, de la Fédération (Ontario Secondary Teachers' Federation), de l'Association des directeurs techniques (Ontario Technical Directors Association), et de plusieurs associations pour la sécurité.

Ils ont élaboré des cours, présentement à l'essai, sur la santé et la sécurité au travail pouvant être intégrés facilement à un programme scolaire général. Ces cours enseignent comment identifier les dangers et comment les maîtriser en milieu de travail et à l'école; ils traitent également de l'usage des surfaces de travail sécuritaires et de la prévention des incendies. Dès la période d'essai terminée, M. Murdoch veut présenter ces cours aux enseignants ontariens pour qu'ils puissent les utiliser dès l'automne.

M. Murdoch a également conçu, en collaboration avec l'Association ontarienne des enseignants en science (Ontario Science Teachers Association) et les associations provinciales pour la sécurité, un film-vidéo sur la sécurité dans les laboratoires scolaires. Ce film évocateur juxtapose des scènes d'enseignement en laboratoire scolaire et des scènes frappantes d'accidents du travail. Le message ne laisse aucun doute : les mesures de sécurité apprises à l'école peuvent s'appliquer au milieu de travail. Etant mieux formés en matière de sécurité, les travailleurs pourront maîtriser les situations qui présentent un danger pour la santé et la sécurité. ■

Malgré les nombreux programmes d'éducation sur la sécurité au travail offerts dans les écoles, plusieurs spécialistes en ce domaine demeurent inquiets. En effet, d'après une étude faite par l'université Queen's en 1983, il existe encore de nombreuses lacunes dans le programme scolaire provincial pour l'enseignement de la santé et de la sécurité au travail.

"Les étudiants sont donc trop protégés et aucunement prêts à quitter le milieu scolaire pour affronter le marché du travail."

D'après M. Murdoch, le problème vient en partie du fait que les enseignants se sentent très responsables de la sécurité à l'école et veulent prévenir toute possibilité de poursuite judiciaire en cas d'accident. Il explique : "Les enseignants préfèrent éliminer le risque plutôt qu'enseigner aux étudiants comment le maîtriser." En d'autres termes, ils protègent efficacement les étudiants mais sans leur expliquer comment s'exercent les mesures imposées. Ils oublient également de leur montrer les différences qui existent entre la sécurité à l'atelier de l'école et la sécurité à l'usine. Les étudiants sont donc trop protégés et aucunement prêts à quitter le milieu scolaire pour affronter le marché du travail."

Prévention des accidents dès l'école

M. Noël Bennet-Alder, agent provincial de sécurité du ministère de l'Éducation, est du même avis : "Les enseignants des écoles techniques sont extrêmement protecteurs, on croirait qu'ils veulent envelopper les étudiants dans du coton." Ils évitent par exemple de faire certaines expériences scientifiques sous prétexte "qu'elles nécessitent trop de supervision", explique ce dernier.

l'Education et des conseils scolaires. Les professeurs d'écoles techniques emploient fréquemment le manuel et les étudiants du programme de formation en alternance doivent l'étudier à fond avant d'aller sur le marché du travail. Même les étudiants en anglais, en chimie et en éducation physique l'utilisent!" Mme Conrad ajoute :

"Certains professeurs consacrent 15 minutes par jour à ce programme tandis que d'autres l'intègrent aux cours habituels."

Les employeurs sont également satisfaits de pouvoir embaucher des jeunes ayant déjà acquis une formation en santé et sécurité au travail. Selon M. Jack Rickaby, chef du personnel chez Algoma Steel à Sault-Ste-Marie, un étudiant ayant terminé avec succès le programme d'introduction à la sécurité au travail a plus de chance de se trouver un emploi. Il déclare : "Lorsque l'entreprise engagera à nouveau, elle donnera la préférence à l'étudiant de 13^e année qui a terminé le programme de l'IAPA."

L'IAPA offre également le programme "adoptez une école" qui encourage les industries locales à parrainer une école secondaire de leur région pour promouvoir les programmes de santé et sécurité au travail. Un représentant de l'IAPA pour les industries fournit aux écoles des conférences qui parlent, entre autres, des soins du dos, de la sécurité à l'école, de l'attitude à l'égard de la sécurité en milieu de travail et de loisir ainsi que de l'utilisation adéquate des extincteurs d'incendie. Le responsable de la sécurité organise également pour les étudiants des visites guidées d'une entreprise et les aide à mettre sur pied des concours.

Le cas de l'école secondaire Grenville District de Prescott est un parfait exemple de cette collaboration. Son principal, M. George Lamacraft, et le directeur technique, M. Alan Baker, conjointement avec le président de l'IAPA régionale, M. Ivan Gagnon, ont fondé un comité de sécurité à l'école formé d'étudiants, de professeurs et de membres de l'administration ainsi que du personnel de soutien.

Comité d'étude sur les accidents

Ce comité siège tous les mois pour parler des accidents survenus à l'école, de leur cause et des moyens de les prévenir. Grâce aux rapports qu'il soumet et aux mesures de prévention qu'il recommande, le nombre des accidents en milieu scolaire a diminué et les étudiants ont pris conscience du fait que des accidents peuvent survenir mais qu'ils peuvent aussi être évités.

Si les programmes de l'IAPA sont conçus pour les étudiants des écoles secondaires, ceux de l'Association pour la sécurité à la ferme sont créés essentiellement pour les écoles primaires rurales. Comme le dit Mme Jane Reed, directrice de l'Association, "En agriculture, contrairement à d'autres industries, les enfants sont présents très jeunes sur les lieux de travail."

Les employeurs sont également satisfaits de pouvoir embaucher des jeunes ayant déjà acquis une formation en santé et sécurité au travail.

Le ministère de l'Éducation



Ainsi, depuis 1978, les conseils scolaires ruraux mettent en oeuvre un programme de sécurité conçu par l'Association pour la sécurité à la ferme. Jusqu'à maintenant, 43 conseils scolaires regroupant environ 900 écoles primaires et 255 000 étudiants ont adopté ce programme. "D'ici la fin de 1985, nous espérons inclure parmi nos adeptes les 45 conseils scolaires restants, soit 1 200 écoles primaires," ajoute Mme Reed. Bien qu'elle ne veuille pas accorder trop de succès au programme, elle remarque que le taux d'accidents mortels en milieu rural chez les enfants de moins de 15 ans a beaucoup diminué depuis la création du programme.

L'Association de la sécurité à la ferme parraine également 22 clubs 4-H de sécurité à la ferme (4-H Farm Safety Clubs) et un concours annuel sur la sécurité à la ferme, conjointement avec l'Association des jeunes agriculteurs (Junior Farmers' Association). Le concours met à l'épreuve les connaissances des jeunes agriculteurs sur la manière d'utiliser le matériel agricole, d'identifier les situations dangereuses et la façon d'y remédier.

L'Association offre aussi un programme d'enseignements sur la santé et la sécurité au travail à quelque 500 étudiants inscrits aux collèges d'agriculture ou aux cours dispensés par les collèges communautaires en Ontario. "Grâce à l'Association des jeunes agriculteurs (Junior Farmers' Association) de l'université de Guelph, ajoute Mme Reed, l'association a pu offrir, pour la première fois l'an dernier, une série de cinq séminaires sur la sécurité au travail."



"On peut réduire le nombre d'accidents du travail en enseignant aux jeunes les règles essentielles de sécurité."

La sécurité au travail

commence à

l'école

par Marilyn Kay

jeunes, comme les travailleurs de tout âge, représentent un danger pour eux-mêmes et pour les autres, sur la route comme au travail. Selon M. Murdoch, les industries pourraient offrir des programmes de formation "pré-embauche" pour la sécurité et implanter des procédés sûrs et efficaces en milieu de travail, à contrôler de près. Il souhaiterait également que le système scolaire offre aux étudiants une préparation solide en matière de santé et de sécurité au travail.

Programme de formation en santé et sécurité au travail pour les jeunes

L'Association de la prévention des accidents industriels (IAPA) est un pionnier dans le domaine de l'éducation en santé et sécurité au travail. Leur premier programme en 1969 était une introduction à la sécurité au travail et enseignait aux étudiants des écoles techniques qu'ils avaient l'obligation envers eux-mêmes et leurs employeurs de bien connaître les normes de sécurité en milieu de travail. En 1983, l'IAPA offrait ce programme à tous les étudiants de la province et cette année, 90 000 étudiants répartis dans 245 écoles secondaires y sont inscrits. Le manuel utilisé dans le cadre du programme de l'IAPA s'intitule *Vivez en sécurité* et couvre une grande variété de sujets tels que les normes de sécurité à domicile et les méthodes de travail sécuritaires et normalisées. Il comporte également un exemplaire de l'examen du permis de conduire de l'Ontario ainsi que des feuillets d'information sur la sécurité en milieu industriel. Chaque année, les écoles participent à des concours mettant à l'épreuve les connaissances de leurs étudiants en matière de sécurité. Le concours final pour les catégories des écoles techniques et des écoles générales a lieu à la conférence annuelle de l'IAPA, tenue au printemps. Les étudiants en équipe doivent répondre à des questions concernant les risques d'incendie, l'utilisation des systèmes de verrouillage industriels et la manutention de produits toxiques et corrosifs.

L'organisatrice du programme, Mme Bonnie Conrad, est enthousiasmée par la réaction des écoles. "Le programme n'est pas obligatoire, dit-elle, mais nous avons l'appui du ministère de

A 16 ans, Jason voulait mettre ses talents artistiques à l'épreuve. Grâce à un programme d'emploi de son école, il a pu trouver très rapidement un emploi non rémunéré dans l'entreprise de peinture/installation d'enseignes d'un ami de la famille. Tout allait bien, jusqu'au jour où, voulant gagner du temps, Jason a décidé d'installer une enseigne sans déplacer son échelle. Comme l'enseigne était hors de portée, il est tombé et s'est cassé un bras et deux côtes.

Il n'a trouvé un emploi à temps partiel dans une usine de pièces détachées près du campus où elle étudie. Un soir, elle s'est gravement blessée en se prenant la main dans une presse à découper.

Bien que ces accidents soient fictifs, les situations et les statistiques qu'ils représentent sont bien réelles. Le nombre d'accidents du travail chez les jeunes de 15 à 24 ans est énorme par rapport à celui des autres groupes d'âge. En outre, plus de la moitié de ces accidents surviennent au cours de la première année de travail.

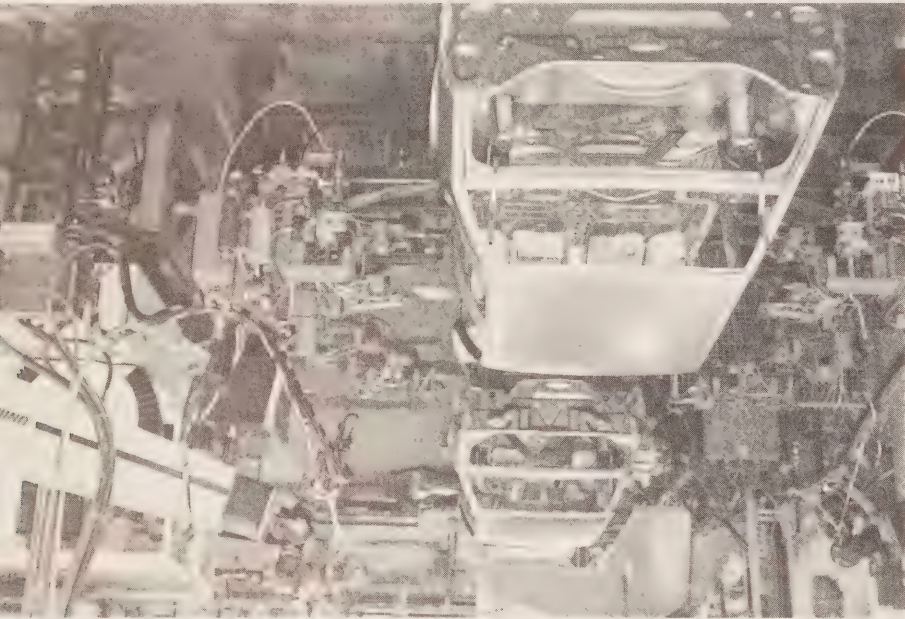
Ainsi, en 1981, 30 pour cent des demandes soumises à la Commission des accidents du travail de l'Ontario provenaient de jeunes de 15 à 24 ans, alors qu'ils ne constituaient que 19,4 pour cent de la main-d'œuvre dans le secteur manufacturier. En 1984, par contre, ce taux était de 22,9 pour cent et les jeunes ne représentaient que 17,2 pour cent de la population active. La diminution radicale du nombre d'accidents pour ce groupe d'âge depuis le début des années 80 ne dénote pas un changement significatif des habitudes de sécurité au travail chez les jeunes travailleurs, mais traduit plutôt un taux de chômage élevé chez les jeunes et la tendance de plus en plus marquée à choisir des emplois moins dangereux.

M. Paul Murdoch, coordonnateur des projets en sécurité de l'Office d'information sur la santé et la sécurité au travail de la Commission des accidents du travail déclare : "En général, les jeunes travailleurs, comme les jeunes conducteurs, ont moins de maturité et d'expérience et prennent de plus grands risques que leurs aînés." Sans une formation adéquate et une attitude positive à l'égard de la sécurité au travail, les

Le robot manipule
des objets à l'aide
d'une pince

comporter les robots. M. Heinrich recommande également l'usage de boutons d'arrêt en cas d'urgence pour empêcher le robot de perdre le contrôle et de dispositifs d'arrêt supplémentaires incorporés directement dans la mémoire de l'ordinateur. Un système de signaux lumineux et sonores connectés aux robots permettraient aux opérateurs et au personnel d'entretien d'être avertis immédiatement en cas de défaillance du système. Des tapis munis d'un système d'alarme coupant automatiquement le courant à l'approche de quelque un pourraient également être installés autour du robot.

"Il est temps que les ingénieurs et les dessinateurs industriels se soucient davantage de la sécurité et incorporent dans leurs plans un plus grand nombre de dispositifs à cet effet", dit M. McMahon. Celui-ci ajoute qu'il devrait éga-



Les robots sont également
tout indiqués pour effectuer
les tâches qui pourraient
nuire à la santé.

ment y avoir un double système de contrôle pour assurer le bon fonctionnement du robot et un mécanisme destiné à réduire la vitesse du robot pour ainsi accorder un temps de réponse plus long à l'opérateur.

Puisque c'est nous qui avons mis au point ces robots, c'est à nous de faire en sorte qu'ils soient utilisés efficacement et en toute sécurité. Après tout, les robots industriels - malgré leur technologie avancée - ne seront jamais que des outils dont la valeur dépendra de l'usage que nous en ferons. ■

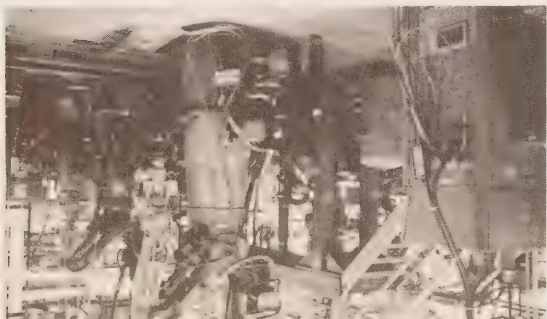
Lorsque M. Danny Dale a consulté PRAB Robots de Kalamazoo, au Michigan, c'est à son personnel de sécurité qu'il s'est d'abord adressé. Il a pris note de tous les risques possibles : qu'il s'agisse de la simple fuite d'huile (au cas où un robot fonctionnant à l'énergie hydro-électrique répandrait de l'huile), de l'installation d'une chaîne empêchant le travailleur de s'approcher du bras mécanique, ou d'un système d'arrêt automatique en cas d'urgence. Des portes qui coupent automatiquement le courant lorsqu'elles sont ouvertes ont été installées et un dispositif de sûreté a été prévu pour éviter que quelque un ne mette accidentellement la machine en marche pendant qu'elle est réparée. Selon M. Danny Dale : "Il ne faut jamais négliger les dispositifs de sécurité, même si cela peut parfois paraître ridicule. Il vaut mieux en avoir trop que pas assez".

Lorsque Duplat a acquis son second robot — cette fois un robot électrique — M. Dale a, une fois de plus, compris combien il était important de faire prendre conscience aux travailleurs des normes de sécurité. "Avant même de brancher le robot pour le tester, nous l'avons encerclé avec du ruban jaune bien au-delà de la portée du bras mécanique. Les employés se sont habitués à rester en dehors de cette ligne et à se tenir aussi loin que possible du robot avant même qu'il ne soit prêt à fonctionner".

"Les employés de General Motors à Oshawa sont également bien protégés et tenus à l'écart des robots", explique Peter Heinrich. Un système de ponts a, en effet, été installé pour les contourner sans danger.

La formation continue du personnel qui s'occupe du fonctionnement et de l'entretien des robots est d'une importance primordiale. À l'usine de Duplat, le chef de service des installations électriques a suivi un cours sur le fonctionnement des robots et a, à son tour, donné un cours approfondi à son personnel à l'aide de documents vidéo. Pour sa part, General Motors exige que le personnel qui s'occupe de la réparation et de l'entretien des robots ait environ 300 heures de formation pratique et théorique en plus des 600 heures d'apprentissage requises. Les autres mesures de sécurité que préconisent des experts comme M.M. Heinrich et McMahon consistent à faire porter un insigne au personnel autorisé de façon à le distinguer du reste des employés qui pourraient accidentellement se trouver sur le chemin d'un robot et à enseigner à tous les membres du personnel, y compris les membres de la Direction, les dangers que peuvent

Un système de ponts a été installé pour permettre aux employés de contourner les robots sans danger. Les travailleurs paraissent petits à côté de certains robots.



européens tentent actuellement de rattraper leurs confrères japonais. On s'attend en effet à ce que le nombre de robots industriels en Amérique du Nord, estimé entre 9 000 et 10 000 en 1985, se situe entre 50 000 et 100 000 en 1990.

La plupart des accidents associés à la robotique se produisent lorsqu'une personne se trouve accidentellement sur le chemin d'un

robot qui effectue normalement son programme. Lorsque le robot se dérègle, soit que le système ait été surchargé ou que l'entretien de la machine ait été négligé, les dégâts sont souvent considérables.

Lorsque M. McMahon dépeint l'image du robot ayant perdu tout contrôle qui vaporise de la peinture ou un liquide extrêmement inflammable dans l'usine, il veut avant tout souligner combien il est important de maintenir ces machines en bon état de fonctionnement.

M. Ken Gerard, membre du syndicat des travailleurs unis de l'automobile, ajoute à ce sujet: "Les robots de Chrysler doivent effectuer une série de mouvements précis durant leur cycle de programmation. Si l'un d'eux saute une étape, il est alors incapable de se maîtriser". Des accidents se sont produits lorsqu'un travailleur se trouvait sur le chemin d'un robot déchaîné. Rien de sérieux cependant n'est arrivé jusqu'à présent", M. Gerard ajoute que "lorsque cela se

Des barrières et des panneaux d'indicateurs empêchent l'entrée accidentelle dans les lieux réservés aux robots. Les panneaux de commande se trouvent à l'arrière des robots et très loin de leur champ d'action.



le contrôle des robots est assuré par un ordinateur central



produit, il est important de pouvoir compter sur du personnel compétent et en nombre suffisant, capable de mettre fin à ces excès-cités. En fait, c'est le meilleur moyen d'éviter ce genre de mésaventure". Les robots industriels sont pour la plupart incapables de s'adapter à une situation d'urgence en milieu de travail. Cela signifie que le personnel qui travaille à proximité d'eux doit veiller à la sécurité de son milieu de travail. C'est pourquoi des directeurs de la sécurité comme M.M. Peter Heinrich de General Motors et Danny Dale de Duplate, division de PPG Canada Inc. d'Oshawa (entreprise qui fabrique des lunettes arrière et des vitres de portes d'automobile), insistent sur le fait qu'il est essentiel d'avoir sur place une équipe chargée d'assurer la sécurité des employés.

Les robots

— au travail

programmés pour la sécurité

par Marilyn Kay

Il n'y a pas si longtemps encore, la présence de robots dans le monde du travail relevait de la plus pure science-fiction. Ces temps ont bien changé.

De nos jours, les fabricants savent que les robots industriels peuvent accroître la productivité de l'entreprise tout en assurant une plus grande homogénéité et une meilleure qualité des produits. Les robots sont également tout indiqués pour effectuer les tâches qui pourraient nuire à la santé, celles dont personne ne veut ou qui demandent une grande rapidité d'exécution et beaucoup d'endurance.

Hydro Ontario, par exemple, utilise des robots pour manipuler le matériel radioactif dans ses centrales nucléaires. La compagnie General Motors du Canada Limited utilise actuellement environ 130 robots dans son usine d'Oshawa pour effectuer des tâches comme la peinture au pistolet, la soudure par points, le chargement et le déchargement de pièces d'automobile, et pour l'inspection des véhicules. Les compagnies Ford et Chrysler du Canada se servent également de robots sur la chaîne de montage pour accomplir certaines tâches plus difficiles.

Il ne fait aucun doute que les robots industriels se sont bien implantés dans les milieux de travail, non seulement dans le secteur de l'automobile et les industries connexes où l'on retrouve actuellement, au Canada, la plupart des robots industriels, mais également dans les entreprises qui cherchent à atteindre un niveau concurrentiel. Bien que les robots offrent l'avantage d'effectuer automatiquement, sans interruption et avec une rapidité remarquable, les tâches les moins désirables, ils présentent également des inconvénients et sont une source de risques éventuels pour les travailleurs. Selon Bill McMahon, expert en sécurité robotique de l'Association pour la prévention des accidents du travail, "Les robots ne sont pas infailissables et peuvent comporter des risques très particuliers".

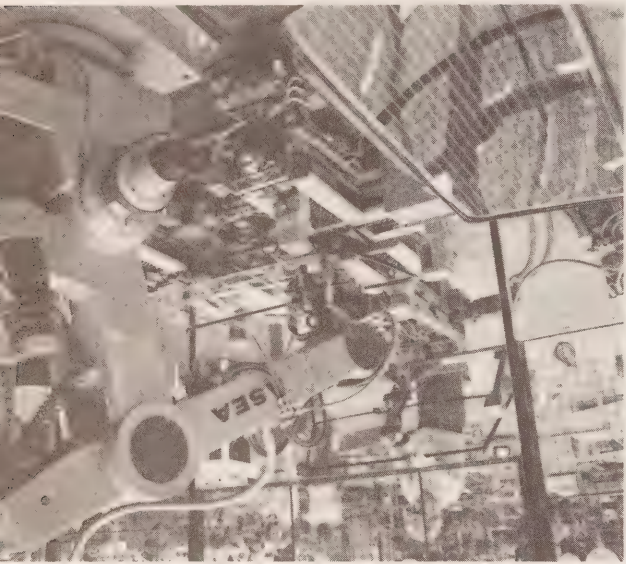
Selon ce dernier, nous sommes aujourd'hui à l'âge des robots "sans cervelle", c'est-à-dire qu'ils sont totalement dépourvus de mécanismes sensoriels ou du moins en ont très peu. À l'exception d'un bras mécanique articulé, dont ils se servent pour agripper, souder, vaporiser, etc., la plupart des robots industriels sont figés et manquent totalement d'imagination. Ils sont incapables d'effectuer d'autres tâches que celles programmées dans la mémoire de l'ordinateur.

Des barrières ont été dressées pour obliger les employés à se tenir à l'écart des robots.

Un ouvrier qui était sans autorisation dans la section réservée aux robots de l'usine de General Motors d'Oshawa a appris à ses dépens que les robots ne se soucient guère de leur entourage. Il s'est trouvé accidentellement sur le chemin d'un robot qui faisait de la soudure par points et qui, le prenant pour une vulgaire pièce de métal, l'a projeté contre la chaîne de montage. Il a eu de la chance d'en réchapper mais non sans avoir subi de sérieuses lacerations. Les robots industriels sont de toutes formes et de toutes tailles mais sont loin de posséder les caractéristiques humaines de ceux que l'on voit dans les films d'Hollywood. Le bras mécanique est, sans aucun doute, le dispositif le plus remarquable de notre robot industriel. Solidement ancré dans un trépied ressemblant à un tank, ce bras peut manipuler des objets dans un rayon de 18 à 72 pouces selon la taille du robot et les tâches pour lesquelles il a été programmé.

On retrouve généralement au bout de ce bras articulé une sorte d'instrument en forme de bec pour souder ou perfore, ou encore une pince pour agripper ou manipuler des objets comme des feuilles de verre, des pièces de métal, des petites vis, etc.

Ces robots peuvent manipuler des objets pesant entre 1 et 175 livres, parfois d'avantage selon le modèle. Ils ont fait leur apparition dans l'industrie il y a plus de vingt ans et déjà les industriels japonais se vantent d'avoir environ 100 000 robots dans leurs usines. Les industriels américains et



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Rapport

Les robots industriels : la sécurité

1 L'opération croissante des robots dans l'industrie a donné naissance à de nouvelles normes de sécurité au travail.

La prévention des accidents des le plus jeune âge

4 Pour prévenir les accidents du travail, on veut sensibiliser aux dangers les jeunes éléments de la santé et de la sécurité au travail.

Le calcul des indemnités

8 Les indemnités de la Commission des accidents du travail sont maintenant calculées selon une méthode nouvelle et plus équitable pour le travailleur. Cette méthode de calcul nous est expliquée point par point et au moyen d'exemples.

Faits divers

7 Mise à jour des indemnités accordées aux travailleurs et femmes 1984 au travail.



Rapport

A safety first

A unique safety project — the first of its kind — has embraced an entire Northern Ontario community in the fight to reduce accidents both on and off the job.

Worksite analysis

Getting injured workers back to work, improving on-the-job safety and efficiency are only a few benefits of the Board's worksite analysis service, now available to employers.

1

Review Services at the Board

Objections to decisions made by the Workers' Compensation Board are subject to a new system of review, as a result of legislative amendments to the Workers' Compensation Act.

7

4

Short Takes

The Workers' Compensation Board has a new chairman and a new board of directors.

9



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Safety First

— A Safe Community

North Bay Mayor Stan Lawlor knows firsthand just how much safety pays.

It is the first of its kind anywhere in North America, or in the rest of the world for that matter, say organizers. If successful, it will save lives as well as dollars, contribute to reduced absenteeism and increased productivity on the job, and provide more than 50,000 participants with a safe environment in which to live and work.

It involves people of all ages, in all walks of life, whether at home, at work, at school or at leisure. And if proven effective, it may become the prototype for even broader application.

North Bay is the site of this first-ever project, called *North Bay — Safe Community*. And it's designed to do just that — make this Northern Ontario centre a truly safe community in all respects, 24 hours-a-day, by influencing habits, attitudes and safety consciousness among its citizens.

The three-year pilot project, which was officially launched September 10, is spearheaded by the North Bay and District Chamber of Commerce, in conjunction with three provincial safety associations. Its organizing committees also include representatives from local industry, labour, school boards, the Canadian Forces, St. John Ambulance, and offices of the local MP and MPP. Further support has been garnered from the medical community, police and fire departments.

Ideal test site

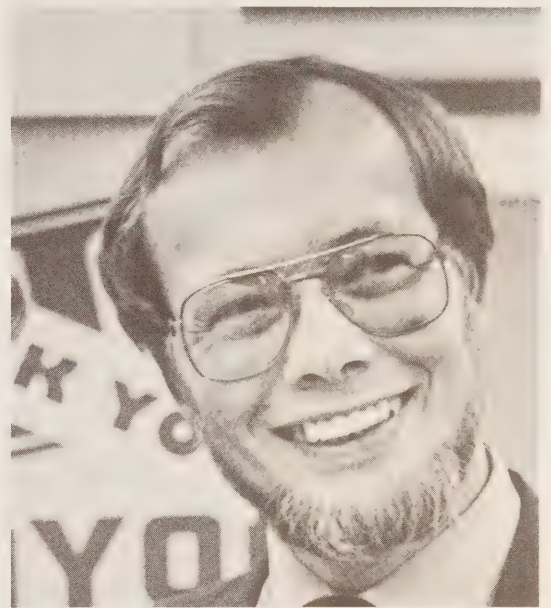
North Bay was chosen as the test site for this project for a number of reasons, explains Frank Riley, district manager for the Industrial Accident Prevention Association and its representative on the committees. The city is an ideal size for such an undertaking (with some 50,000 residents), has a wide variety of industry, a very active Chamber of Commerce, good representation from the safety associations, and a positive rapport with civic officials.

At the top of that list of officials is North Bay Mayor Stan Lawlor, a very enthusiastic chairman of the project, who knows firsthand just how much safety pays; in monetary terms, \$118,198.95 to be exact. That's how much the Corporation of the City of North Bay saved

by Ann Garland

when a Workers' Compensation Board surcharge for high accident levels — the city's third fine — was recently rescinded by an appeal board, after a demonstrated reduction in accidents.

"We've gone from being one of the worst WCB cases three years ago (accidents were almost double the provincial average) to one of the



The Nugget

best," says Lawlor of the city's dramatic turnaround. After the city was levied its third penalty, "we finally decided we had to do something about this."

What resulted was a daily commitment to safety throughout the entire corporation, including a thorough investigation of all accidents, the development of a safety policy, and increased awareness among all city employees. "Safety became a sort of buzz-word in the corporate sector," says Lawlor, who is now eagerly committed to making North Bay a safe community.

To this end, some 140 different clubs and organizations in the city, as well as local industry, have been asked to do something more than they would otherwise be doing in promoting safety. North Bay, like cities all over the

province, is already involved in various safety projects in the course of a year, "but there has never been a complete saturation of a community before," says Rick Evans, director of manufacturing for Kenroc Tools in North Bay and vice-chairman of the project's steering and executive committees. "There are fragments of programs on safety all over the place, but there is no other community with an umbrella program such as we've undertaken. Every other project has been fairly specific in scope."

The response so far has been "like a snowball rolling downhill," says Evans. "I'm very enthusiastic about the project. I can't believe no one thought of it sooner."

Within the first few days of its launching, several groups and individuals had already committed

Several groups and individuals in North Bay have already committed their involvement in the project.



The Nugget

their involvement. For example, two of the city's largest automobile dealerships have agreed to supply first aid kits with every car they sell, and other dealerships are being encouraged to follow suit. The local real estate board has been asked to supply first aid kits with every house sold. Some 25,000 home safety surveys have been distributed to residents. St. John Ambulance has agreed to provide first aid training to teachers as part of their professional development day. Clubs and organizations across the city are being asked to commit to a date for a safety-related event, all of which will be incorporated into a community calendar. And the list goes on.

A program that pushes safety for the community has to benefit industry as well, says David Doyle, regional representative for the Public Service Alliance of Canada and a labour representative on the project. "Anything that will decrease industrial accidents has to be worthwhile," Doyle says he'll be "pushing to look at the root causes of accidents, not just laying the blame. Blame doesn't solve the problem — it just antagonizes different factions."

On industry's part, making North Bay a safe community means concern for the safety of employees both on and off the job — which, at the same time, makes good business sense. As Evans explains it, "One of the biggest problems with respect to productivity in industry relates to absenteeism and off-the-job injuries. Our efficiency goes up as we bring absenteeism down."

It is a recognized and accepted fact that off-the-job accidents far outnumber accidents on the job, yet we are not subject to the same safety awareness and scrutiny in our personal lives as we are while at work. Ideally, however, "safety is not a coat you put on in the morning and take off at night," says IAPA's Riley. "You wear it 24 hours-a-day."

While industry has long been concerned with on-the-job safety and related programs, the promotion of off-the-job safety among employees is most often overlooked. Too few companies have recognized the merits of off-

the-job safety awareness among their workers, and even fewer have introduced programs to encourage it.

One exception to this in North Bay is Dupont Canada Inc., a company with one of the most enviable safety records anywhere and a strong off-the-job safety program. The North Bay plant has had no on-the-job lost-time injuries among its 350 employees for the past six years. To date in 1985, there have been only two off-the-job injuries which required time off work, and for some 14 months in 1983-1984, employees had no such lost-time accidents.

"We have to care about employee safety off the job as much as on it. It doesn't make sense to care about our employees only 40 hours a week and not the rest," says Marcel Perreault, safety and auxiliary services supervisor at the plant, which manufactures explosives and woven polyolefins.

In monetary terms, "if an employee is off the job because of an injury — any injury," explains Perreault, "it means additional costs to us, in that he or she has to be replaced, the replacement has to be trained, his or her replacement trained and so on down the line." The average cost of a lost-time injury in Canada in 1984 was about \$15,000, he estimates, which includes such items as retraining and overtime.

Financial incentives

Dupont's off-the-job safety program includes financial incentives (silver dollars) to groups of employees who go 100 days without an off-the-job lost-time injury. Copies of *Living Safety* magazine are regularly mailed to every employee's home, where they are encouraged to use some of the safety practices they follow at work — whether it's safety shoes when cutting grass or safety glasses in a basement workshop.

"We want to be able to rely on people to deal with potentially dangerous chemicals at the plant in a safe way," says Perreault. "If they already live safely, these people will be reliable



The Nugget

employees." And if the whole community lives safely, which is the goal of *North Bay — Safe Community*, new industry may be attracted to a city where it can count on safety-minded workers.

The results of the three-year pilot project will be scientifically measured by the safety associations involved — the Industrial Accident Prevention Association, Forest Products Accident Prevention Association and Mines Accident Prevention Association. The three main areas of measurement will be the number of new activities related to safety in the community, safety knowledge and awareness in various aspects of the community, and all accidents that occur during the three-year trial.

And beyond three years? North Bay will, by then, be a truly safe community in which to live and work if all goes as planned. Organizers hope the project will also challenge other communities to undertake the same safety commitment. "We're confident other chambers of commerce will pick up the lead from North Bay," says Riley, who has already received inquiries from other centres. "I'm excited about it — it's really mushrooming."

"There's nothing unique that can't be replicated by other cities," concurs Mayor Lawlor. "Safety is no accident; it takes a committed effort. I've been convinced that safety pays." ■

The three-year pilot project was officially launched September 10.

Worksite

Analysis — Measuring the Workplace on a Human Scale

by Marilyn Kay

Until his accident in 1982, Ray Murphy operated heavy equipment in his job at Rolland Inc., a paper processing firm in Toronto. That all ended, however, when an on-the-job accident left Murphy's right hand with only one good finger — the little one, part of another finger, and a stump for a thumb.

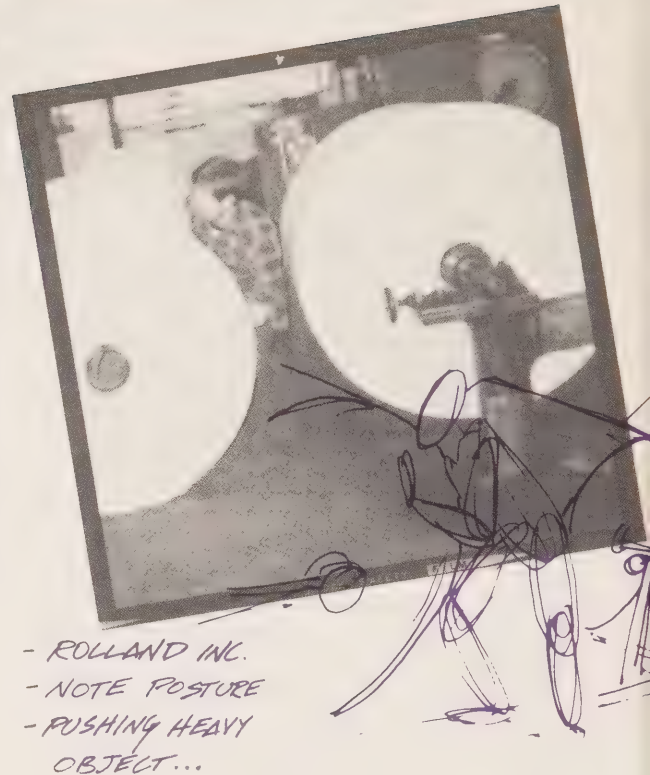
Despite the trauma and Murphy's resulting impairment, both he and his employer agreed he should return to work. The problem became what kind of work he could do in a company which processes huge rolls of paper weighing several tons. Murphy, who wears a glove to protect the remnants of his hand, could no longer handle heavy labour, so his company assigned him what seemed to be much lighter work — which was still too much for Murphy. "So they put me to sweeping floors," he says. "That was quite a put down after all the years of running heavy machines."

Murphy went back to his doctor at Toronto's Sunnybrook Hospital in 1984, who in turn contacted the Workers' Compensation Board. Peter Hall, one of two full-time worksite analysts in the Board's Vocational Rehabilitation Division, arranged to go to Rolland Inc. to study the situation and recommend work which would be compatible with Murphy's condition.

Hall looked carefully at the jobs Murphy had been asked to do, talked to his union representative and to Murphy himself. He found the machine jobs too heavy and proceeded to look at the task requirements and activities of other jobs in the company. Then he sat down with management.

Hall's analysis led him to recommend for Murphy a clerical position in Rolland's warehouse. "All the stock in the warehouse is moved by machine, so the most Murphy has to lift is a packet of mail or a box of ink," he explains.

Murphy is now working very productively in a job suited to his disability, agrees Gaile Calder, Rolland's personnel manager. "We needed someone to come in and tell us what Mr. Murphy could and could not do." And as for Murphy himself, "I've been here at Rolland ever since and managing along pretty good. Hopefully, I'll be here until I retire."



Were it not for the ability to look at tasks in a job from an ergonomic standpoint, Murphy might still be pushing a broom today. Employers are rarely aware of all the activities associated with each job in their company. As one manager put it, "We're not specialists, so we can't be aware of all the considerations until an ergonomist points them out."

Basically, ergonomists (worksite analysts), like those now available through the Workers' Compensation Board or private consulting firms, look at all the human factors which make up and influence how people function in their living and working environment — everything from how people sit, stand, twist and turn to how they manipulate tools and other equipment. Ergonomists then apply their knowledge of the human sciences of physiology, psychology, bio-mechanics and anthropometry, as well as engineering principles, to the design of a safe, efficient workplace.

Ergonomists can determine how both the tasks and worksite of a particular job should be structured in order to enable the worker to perform it in the most efficient and least stressful manner. By measuring a job's physical requirements, they can also determine whether a particular worker can handle the job, and may recommend ways to modify the job or worksite so that the worker can perform it.

David Baines, who administers the Board's ergonomics program in the Toronto head office, explains it this way: "A worksite analysis can be a potent tool because it gives the worker and the employer concrete reasons why the person can or cannot do the work. And it supplies either specific ways to modify the work situation or, when that's not possible, valuable information concerning other types of employment suited to his or her needs."

Service available to employers

Worksite analyses are available, upon request, free of charge to employers who report their operations to the Board. Requests also come from inside the Board — vocational rehabilitation counsellors and claims adjudicators. "For example, a rehabilitation counsellor may have found a job for an injured worker, so he or she asks us to determine whether the person can do the job," explains Baines.

The Workers' Compensation Board's worksite analysis service had its beginnings in 1983, when the Vocational Rehabilitation Division investigated how ergonomic principles could be used to help reemploy injured workers. Under the guidance of Dr. Robert D. G. Webb, a professor in the University of Guelph's ergonomics unit, staff participated in an orientation and training program, during which the division developed standard procedures for and conducted ergonomic worksite analyses.

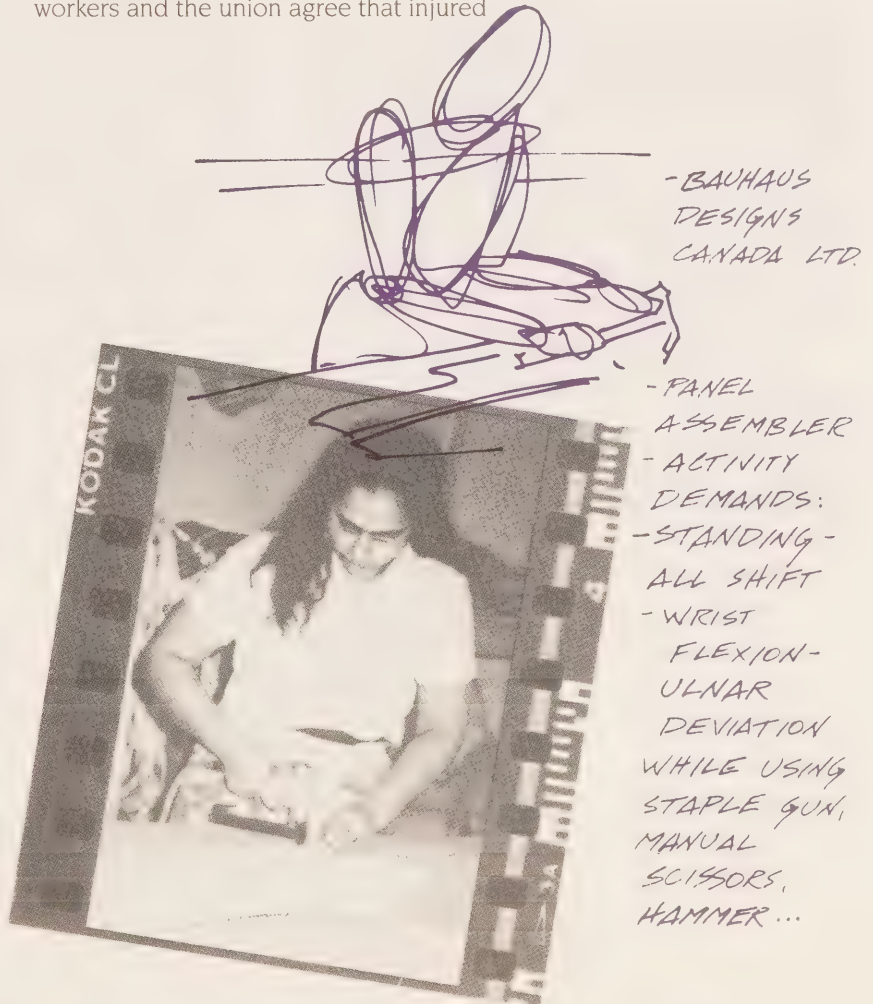
A successful three-month pilot project in 1984 determined more fully the practical uses of and demand for ergonomic services among employers and injured workers, as well as the potential for reducing Board time and costs involved in returning injured workers to the work force. Staff completed 46 worksite analyses during 1984 and, by the end of 1985, will have completed another 82, estimates Baines. While vocational rehabilitation counsellors have enough ergonomic training to conduct uncomplicated worksite analyses, more complex cases are referred to the Board's full-time analysts.

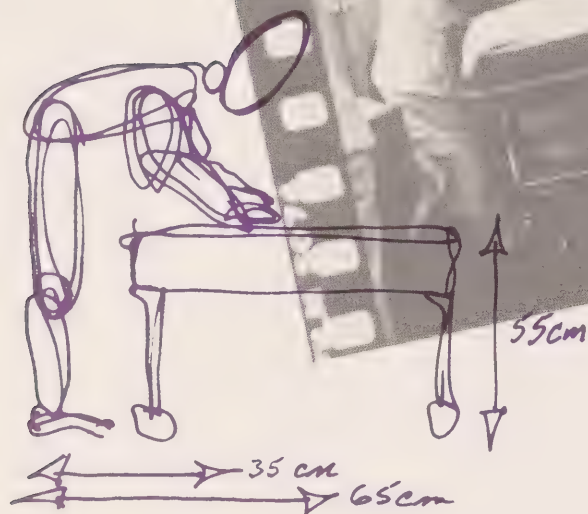
In a typical worksite analysis, Board analysts spend about two days on-site. During that time, the analyst meets with management and workers and receives a preliminary breakdown of every job to be examined. He or she then carefully observes each activity and tasks connected with the job. To establish the worksite's layout — its floor plan and elevation — the analyst will also sketch or take photographs of the area. All of the job's physical dimensions, such as the space involved and repetition rates required, as well as environmental factors like heat, noise, lighting and vibration, are measured. The purely human factors — anthropomorphic measurements like a worker's height, weight and arm length — are also recorded.

Once all the information is gathered, the analyst goes back to the office to study and research the data. Written recommendations on how each job can best be performed by a worker and what, if any, modifications are necessary to ensure this, are provided to the company. The entire process takes about four weeks from the time a request is received, estimates Baines.

A worksite analysis conducted at Varta Batteries Ltd. made the company more aware of what work its injured workers were capable of doing. Peter Hall was called in to the company's Scarborough plant in order to identify a job which one of Varta's injured line workers could safely do with a damaged knee. Hall carefully observed a number of jobs at the plant, "but there wasn't a single job he qualified for that didn't require him to lift, stand or squat beyond his restrictions," he explains. "So we looked at a number of jobs and found four that are normally done on a part-time basis or, irregularly, on a full-time basis. We combined all four jobs and, with a minor modification to eliminate movements that caused needless turning and twisting, the worker was able to return to work."

While the worker eventually left the company, all was not lost. "The four jobs Hall identified as light jobs, with no bending or heavy lifting, are now used to get other injured workers back to work," says plant manager Doug Morris. "Both workers and the union agree that injured





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workers can do these jobs regardless of their pay scale or seniority." What's more, they help Varta's injured workers get back into the pattern of coming to work after extended time off. Enthuses Morris, "By using these jobs, people are off way less than half the time they used to be."

Using ergonomic principles can also lead to a safer — therefore more economic — workplace, by identifying ways to reduce the physical overexertion and overuse of muscles which cause so many accidents. According to Workers' Compensation Board statistics for disability claims initially settled in 1984, overexertion alone accounted for 48,416 allowed new claims across Ontario, for a total WCB cost of \$212.6 million, or an average of \$4,390 per claim.

Yet something as simple as providing a chair on the job can make a big difference, in this case by allowing a worker to alternate between standing and sitting. "The greater number of positions a worker can assume the better," confirms Baines. Seating can also cause problems, however, if the chair is too high or the individual can't get close enough to the work for lack of space to comfortably put his or her knees.

Baines recalls a case in which workers could either stand or sit at the assembly line, but neither position was comfortable — the conveyor belts were too low for standing at and there was no space for knees while sitting. When the company followed the Board's recommendations for knee space and for raising the conveyor belts, complaints about knee and neck problems reduced dramatically.

At Bonnechere Manor, a nursing home in Renfrew, Board worksite analyst Terri Steube found nurses and other health care aides involved in lifting and transferring patients from beds to chairs, to stretchers, to baths, to beds. There were not enough mechanical lifts and staff were too busy to go searching when they needed one, which resulted in a number of back injuries.

Analyst's recommendations

Steube recommended not only that the nursing home increase the number of lifts, but also enforce their use. Along with advice on what to look for when buying lifts, she set out a program to train workers in the proper way to lift patients and to protect themselves when handling a confused or potentially violent patient. She also outlined ways to ensure staff would have adequate space in which to perform their duties.

"We were really impressed with how thorough and comprehensive her report was," says Kevin Mercer, assistant administrator at Bonnechere Manor. "Some of her recommendations will allow us to make immediate changes. In fact, we just had a company in to show us some new lifts." Steube's recommendations are also being incorporated into the home's long-term renovation plans, as well as their equipment buying and replacement program.

Employers are under no obligation to make changes recommended in the Board's ergonomic report. In instances where an injured worker is involved, however, the Board will share costs with an employer who modifies a workplace to meet an injured worker's needs, and will pay full cost in certain cases. In preventive worksite analyses — when an employer is looking for advice on how to reduce a high accident rate — the employer is expected to pick up the entire cost of carrying out the recommendations.

With such potential results as improved safety and worker efficiency, reduced time loss, compensation costs and penalty assessments, it's not hard to see why company administrators like Kevin Mercer are eager to start making these investments, both in long- and short-term planning. More and more employers are ready to find out how they too can benefit by putting ergonomics to work for them. "In fact, due to the demands for worksite analyses," says Baines, "we are already looking at expanding these services at the Board."

After all, when there's a better way for both workers and employers, who can afford to do otherwise? ■

For more information, contact the Employment Services section of the Board's Vocational Rehabilitation Division, 2 Bloor Street East, Toronto, Ontario, M4W 3C3. (416) 927-4600. A brochure explaining the Board's ergonomic services is available from the Communications Division at the above address. (416) 927-3500.

A new and effective system of review at the Workers' Compensation Board handles objections to Board decisions.

Review Services

at the Board

7

As a result of legislative amendments to the Workers' Compensation Act, objections to decisions made by the Workers' Compensation Board are now subject to a new system of review.

On October 1, 1985, the Board's appeal board was replaced by an external Appeals Tribunal, which is independent of the Workers' Compensation Board. To accommodate this change, the Board has instituted a Review Services Division, which provides an effective system of redress within the Board for workers and employers.

Prior to these changes, the Board's internal review process consisted of a two-level appeals system. Appeals of decisions rendered by review groups within the Board's operating divisions were generally placed before an appeals adjudicator for a hearing. Should an appeals adjudicator decision be objected to, the matter would come before an appeal board of three commissioners for a hearing. Decisions made by the appeal board were considered final. Upon receipt of an objection, an appeals coordinator would review the file and determine whether it should go before an appeals adjudicator, or before the appeal board directly.

Anyone whose interests are affected by a decision made by the Workers' Compensation Board has the right to object to that decision at any time. This includes injured workers whose claims have been denied, workers who disagree with the terms of their awards, spouses whose claims for dependency benefits have been disallowed, or employers who disagree with a decision concerning a worker's claim or their assessment charge.

All Board decisions, and the reasons for them, are given in writing and copies are sent to all affected parties and their representatives. This letter also advises parties of their right to object and indicates to whom at the Board any objection should be directed. Individuals are urged to provide reasons for their objection as

well as any information which would support their position, but are not required to do so. A brochure explaining the Board's new review process and services available to assist those who make an objection, is enclosed with the decision.

Board decisions to which an objection may be made originate from one of the Board's operating divisions — whether Claims Services, Vocational Rehabilitation, Medical Services, Regional Operations and Area Offices, or Financial Services. An objection is sent to the appropriate division, where a counsellor, adjudicator or co-ordinator will review it. The decision can be changed by

A decision review specialist considers the objection, reviews the facts and conducts any necessary inquiries.



Jean DesJardins

the operating division if warranted by new information brought forward. If there are insufficient grounds to change the decision, the objection is promptly referred to the Decision Review Branch, one of two branches in the Board's new Review Services Division.

A decision review specialist will then consider the objection, review the facts and conduct whatever inquiry is deemed necessary, which may include interviews with the worker, employer or others who can help resolve the issue. The review specialist will communicate his or her decision to all affected parties.

When the objection relates to a decision which denies entitlement to benefits in a new claim, a reopened claim or a request for commutation of a pension, the review specialist will either reverse the decision and grant benefits or refer the objection for a prompt hearing by the Review Services Division's Hearing Branch. Affected parties are advised of this in writing. Objections to decisions made by review specialists are also referred to the Hearing Branch.

Hearings are conducted by one hearing officer and are held either at the Board's Toronto head office or in convenient locations across Ontario. The individual making the objection can either

Several services are offered by the Board to assist individuals in the preparation of an objection. Workers and employers — in fact, anyone whose interests are affected by the objection — can request access to the claim file provided there is an issue in dispute.

Information and counselling services are available through counsellors at the Board's Toronto head office and in regional and area offices across the province. The Board provides service in English and French, and assistance in other languages is also available. Counsellors can assist in the preparation of a letter of objection, advise the individual of the type of further evidence that would be useful, help to obtain evidence, and explain all aspects of the Board's review services.

The Board will also pay reasonable expenses to workers and their witnesses for attending hearings if their testimony is heard, whether or not the objection is successful. This includes travel expenses for out-of-town residents travelling to and from the hearing location.

Outside the Board, the services of independent worker or employer advisers are also available at no charge to assist in the preparation and presentation of an objection or to act as a representative at a hearing.

And as one final step in the review process, any decision made by a Board hearing officer can be appealed to the new and independent Workers' Compensation Appeals Tribunal. When an appeal has been made to the Appeals Tribunal, anyone whose interests are affected may obtain, without cost, a transcript of the Hearing Branch proceedings. ■



Jean DesJardins

The individual making an objection can either represent him or herself at a hearing or arrange to be represented.

represent him or herself at the hearing or arrange to be represented by someone else — a worker or employer adviser, an MPP, lawyer, or union representative, for example.

All parties to a hearing may bring witnesses to give evidence, although written statements, including medical and hospital reports, are usually accepted. Board hearings are not conducted as in a court of law, but evidence is given under oath and verbatim reporters make a report of the proceedings. Following presentation of the evidence, all parties are given the opportunity to present their view of the case.

The hearing officer will weigh information provided by witnesses, review any new evidence introduced and the information already on file and, if necessary, arrange for further investigation before reaching a decision. The Hearing Branch decision is the final step in the Board's comprehensive review process.

For more information on the Workers' Compensation Board's decision review system, please contact:

- *Hearing Administrator, Workers' Compensation Board, 2 Bloor Street East, Toronto, Ontario, M4W 3C3. (416) 927-4150;*
- *Communications Division, Workers' Compensation Board, 2 Bloor Street East, Toronto, Ontario, M4W 3C3. (416) 927-3500;*
- *or the Board office nearest you.*

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New Chairman of Workers' Compensation Board

Robert G. Elgie, Q.C., M.D., F.R.C.S.(C), was appointed chairman of the Workers' Compensation Board, effective September 23, 1985. The appointment was made by Ontario Premier David Peterson.

Dr. Elgie replaces the Honourable Lincoln M. Alexander, P.C., Q.C., who was appointed Lieutenant Governor of Ontario in September, after five years as chairman of the Workers' Compensation Board.

Dr. Elgie comes to the Board with many years of valuable experience in public life, and in the medical and legal professions. Most recently, he was appointed Ontario's Minister of Community and Social Services in 1985, and was sworn in as Minister of Labour later in the year.

Born in Toronto in 1929, he attended Bowmore Road Public School and the University of Toronto Schools. He graduated from the University of Western Ontario in 1950 and from Osgoode Hall Law School in 1954. Dr. Elgie entered the University of Ottawa

Medical School in 1954, graduating cum laude in 1959. He became a Fellow of the Royal College of Surgeons in Neurosurgery in 1966, and a Queen's Counsel in 1967.

He was assistant professor of neurosurgery at Queen's University in Kingston, clinical teacher in the University of Toronto's Faculty of Medicine, and a lecturer at the University of Toronto. From 1969 to 1977, he held several positions at Scarborough General Hospital, including chief of medical staff from 1975 to 1977.

Dr. Elgie was first elected to the Ontario Legislature in 1977 as the MPP for the riding of York East, and was appointed parliamentary assistant to the Minister of Community and Social Services. He served as Minister of Labour from 1978 to 1982. He was Minister of Consumer and Commercial Relations from 1982 to 1985, when he was appointed

Minister of Community and Social Services, and then Minister of Labour. His father, Goldwin Corlett Elgie, was MPP for the Toronto riding of Woodbine from 1934 to 1948.

Dr. Elgie is married to Nancy Anne Elgie, née Stewart, a child psychologist. The Elgies have three sons and two daughters. ■



McKenzie-Dang

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10 **Board of Directors Appointed**

The Workers' Compensation Board has a new, expanded board of directors, with majority external representation.

As a result of recent amendments to the Workers' Compensation Act, the Board's corporate board was replaced October 1, 1985 by the new board of directors. The board consists of a full-time chairman and vice-chairman, as well as nine part-time directors.

Dr. Robert Elgie, chairman of the Workers' Compensation Board, and Alan G. MacDonald, vice-chairman of administration and general manager, are the chairman and vice-chairman, respectively, of the board of directors.

The directors were appointed to the board by the Lieutenant Governor in Council and represent employers, workers, professionals and the public. New directors are as follows:

Charles (Bud) Clark:

Mr. Clark is international vice-president of the Amalgamated Clothing and Textile Workers Union, a position he was elected to when the union was first organized in 1976. Prior to that, he was Canadian organizing director for the Textile Workers Union of America and was a vice-president of the Ontario Federation of Labour. Mr. Clark lives in St. Catharines;

Clara de Carvalho:

Mrs. de Carvalho serves as a part-time counsellor with the Peel Dufferin Catholic Services. She is a member of the public relations department for the Catholic Children's Aid Society and continues to serve as an interpreter and translator for the Bloor Bathurst Information Centre, where she previously worked as a community legal worker. Clara de Carvalho is a resident of North York;

Gérard Docquier:

Mr. Docquier is Canadian national director of the United Steelworkers of America. In 1982, he was appointed a labour representative to the Royal Commission on the Canadian Economy, chaired by the Hon. Donald MacDonald. Mr. Docquier lives in Toronto;

Joseph Duffy:

Mr. Duffy is business manager and secretary-treasurer of the Provincial Building and Construction Trades Council of Ontario. A resident of Toronto, he has held several executive positions with Local 95 of the Asbestos Workers Union. He has also served on a number of committees, including the Ministry of Labour's Advisory Council on Occupational Health and Occupational Safety, the Construction Industry Advisory Board, and the Joint Policy Review Board of the Occupational Health and Safety Education Authority, Workers' Compensation Board;

Steven Hessian:

Mr. Hessian is resident manager of Domtar Inc.'s Packaging Containerboard Division in Red Rock, Ontario. He was appointed director of Domtar's special projects group in Montreal in 1982, and was general manager of the company's pulp division from 1980 to 1982;

Dr. Elizabeth Kaegi:

Dr. Kaegi is director of occupational health and safety and medical director for CIL Inc. in Toronto. Prior to joining CIL, she served as senior medical consultant, Workers' Health, Safety and Compen

sation in Alberta. A graduate of the University of Otago Medical School in Dunedin, New Zealand and McMaster University in Hamilton, Dr. Kaegi lives in Toronto;

Silvia Mecozzi:

Mrs. Mecozzi is a family therapist and marriage counsellor in a Toronto private practice. She received a degree in social work in Trento, Italy in 1950 and a Doctor of Philosophy from the University of Rome in 1974. She studied psychology at the University of Rome and family therapy at the Clarke Institute of Psychiatry in Toronto. From 1977 to 1984, Mrs. Mecozzi worked for the Family Services Workers, Central Branch of the Catholic Children's Aid Society of Metropolitan Toronto. She is a resident of Toronto;

Dr. Douglas Peters:

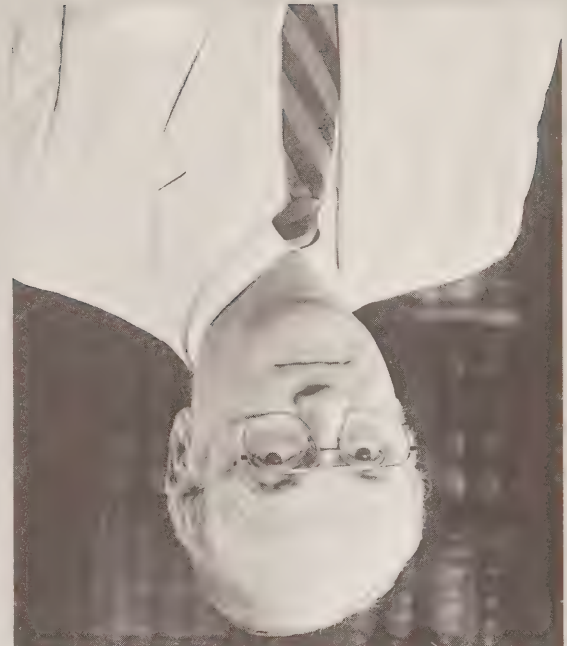
Dr. Peters is senior vice-president and chief economist for the Toronto Dominion Bank. He joined the bank in 1966, and served as economic advisor to the Deputy Minister of Finance from 1983 to 1985. A graduate of Queen's University in Kingston and the Wharton School of Finance

and Commerce in Philadelphia, Dr. Peters is a trustee of the Fraser Institute, past chairman of the Canadian Committee of the Pacific Basin Economic Council, and co-author (with Dr. Arthur Donner) of "Monetarist Counter Revolution — a Critique of Canadian Monetary Policy 1975-79." Dr. Peters resides in Toronto;

The Hon. Robert Stanbury, P.C., Q.C.:

The Honourable Robert Stanbury recently retired as chairman and chief executive officer of Firestone Canada Inc. He joined the company in 1977 as vice-president, general counsel and secretary. Mr. Stanbury was elected a Member of Parliament in 1966, following graduation from Osgoode Hall Law School and a legal practice in Toronto. In 1971, he was appointed Minister of Communications and, in 1972, Minister of National Revenue. Mr. Stanbury was Canadian delegate to the United Nations General Assembly in 1974. He is a resident of Burlington. ■

**Le nouveau
président de la
Commission
des accidents
du travail**



McKenzie Darg

après de la Commis-
sion des accidents du
travail à titre de
président.
La grande expérience
du docteur Elgie dans
les domaines public,
légal et médical sera
un atout indéniable
pour la Commission.
Dernièrement, il a été
nommé ministre des
Services sociaux et
communautaires et
ministre de l'Ontario,
M. David Peterson.
Cette nomination est
entrée en vigueur le
23 septembre 1985.
Le docteur Elgie rem-
place l'Honorable
Lincoln M. Alexander,
C.P., C.R. qui, en
septembre dernier, a
été nommé lieutenant-
gouverneur de l'Ontario
après avoir servi un
mandat de cinq ans

celui de l'École de
droit Osgoode Hall.
La même année, il
s'est inscrit à la faculté
de médecine de l'Uni-
versité d'Ottawa et a
obtenu en 1959 son
diplôme avec mention.
En 1966, il est devenu
membre du Royal Col-
lege of Surgeons in
Neurosurgery et un an
plus tard, en 1967, il a
été nommé conseiller
de la Reine.
Il a été tour à tour,
professeur adjoint de
neurochirurgie à l'Uni-
versité Queen's à
Kingston, professeur
invité à la faculté de
médecine de l'Univer-
sité de Toronto et
conférencier à l'Uni-
versité de Toronto. De
1969 à 1977, il a occupé
divers postes à l'Hôpital
général de Scarbo-
rough, notamment
celui de chef du per-
sonnel médical de
1975 à 1977.
En 1977, le docteur
Elgie a été élu député
de la circonscription
York Est à la législature
ontarienne et nommé
adjoint parlementaire
du ministre des Services
sociaux et commu-
nautaires. De 1978 à
1982, il a été ministre
du Travail et de 1982 à
1985 ministre de la

Consommation et du
Commerce. Au début
de 1985, il a été nommé
ministre des Services
sociaux et communau-
taires puis, un peu
plus tard, ministre du
Travail. Son père,
Goldwin Corlett Elgie,
a été député de la cir-
conscription de
Woodbine, de 1934 à
1948.
Le docteur Elgie a
épousé Nancy Anne
Stewart, psychologue
pour enfants; ils ont
deux filles et trois
garçons. ■

Si la contestation porte sur une décision refusant la réouverture d'un dossier, la capitalisation d'une pension ou le droit à des indemnités relativement à une nouvelle demande, le spécialiste de la révision peut soit renverser la décision initiale et accorder les indemnités soit transmettre le dossier à la Direction des audiences de la Division des services de révision en vue d'obtenir une audience dans les plus brefs délais. Il communique également sa décision par écrit à toutes les parties en cause. Les contestations portant sur l'une de ses décisions sont également transmises à la Direction des audiences.

Les audiences sont présidées par un commissaire d'audience et elles se tiennent au siège de la Commission à Toronto ou dans une région de l'Ontario facilement accessible. Le contestataire peut assurer sa propre représentation ou se faire représenter, entre autres, par un conseiller des travailleurs, un conseiller du patron, un député provincial, un avocat ou un représentant syndical.



Le contestataire peut assumer sa propre représentation à l'audience ou se faire représenter.

Toutes les parties concernées peuvent présenter des témoins lors de l'audience bien que les témoignages écrits, y compris les rapports médicaux et hospitaliers, soient généralement suffisants. Les audiences de la Commission ne se déroulent pas de la même manière que celles d'un tribunal bien que les déclarations soient faites sous serment et qu'un sténographe prenne note des délibérations. Après la présentation des faits, les diverses parties ont la possibilité de défendre leur point de vue.

Le commissaire d'audience tient alors compte des témoignages, examine les nouveaux faits présentés et les renseignements versés au dossier. Au besoin, il demande qu'une autre enquête soit menée, avant de formuler sa décision. La Direction des audiences constitue la dernière instance du système de révision des décisions à la Commission des accidents du travail.

La Commission offre divers services pour aider les contestataires à se préparer avant d'interjeter appel d'une décision. Les travailleurs, les employeurs et tous ceux qui se sentent lésés par une contestation peuvent consulter le dossier dans la mesure où un cas est en litige.

Tous ceux qui désirent obtenir des renseignements et faire appel aux conseillers peuvent s'adresser au siège de la Commission à Toronto ou aux bureaux régionaux et locaux de la province. La Commission assure des services dans les deux langues officielles ainsi que dans d'autres langues. Les conseillers de la Commission aident les intéressés à formuler leur objection par écrit, leur donnent des conseils quant aux preuves supplémentaires qu'il serait bon de soumettre et les aident à les obtenir. D'autre part, ils leur expliquent comment fonctionne le système de révision des décisions de la Commission.

La Commission assure également un remboursement et les frais engagés par le travailleur et les témoins qui comparaissent à l'audience et ce, que la décision soit en faveur du travailleur ou non. Cela comprend les frais de déplacement aller retour des personnes demeurant hors de la ville où se tient l'audience.

Les parties en cause peuvent également obtenir les services gratuits de conseillers des travailleurs ou de conseillers du patronat qui ne sont pas rattachés à la Commission. Ceux-ci ont pour tâche de les aider à formuler et à présenter leur objection ou de les représenter lors de l'audience.

En dernier ressort, les décisions du commissaire d'audience peuvent être portées en appel devant le nouveau tribunal d'appel autonome. Lorsqu'un appel a été présenté devant le tribunal d'appel, quiconque estime que ses intérêts ont été lésés peut obtenir gratuitement une copie du compte rendu de l'audience tenue par la Direction des audiences. ■

Si vous désirez de plus amples renseignements sur le système de révision des décisions de la Commission, veuillez contacter :

- la Direction des audiences, Commission des accidents du travail, 2, rue Bloor Est, Toronto, Ontario, M4W 3C3. Tél. : (416) 927-4150 ou,
- la Division des communications, Commission des accidents du travail, 2, rue Bloor Est, Toronto, Ontario, M4W 3C3. Tél. : (416) 927-3500 ou,
- le bureau de la Commission le plus près de chez vous.

Services de révision de la Commission

Conformément aux modifications apportées à la Loi sur les accidents du travail, la Commission a créé un nouveau système de révision concernant les décisions qui font l'objet de contestations.

La Commission d'appel a en effet été remplacée le 1^{er} octobre 1985 par un tribunal d'appel autonome. La Commission a également créé une Division des services de révision interne afin d'assurer aux employeurs et aux travailleurs un système de révision des décisions plus juste.

Auparavant, le système de révision interne de la Commission comportait deux instances. Les contestations des décisions des différentes divisions de la Commission étaient généralement déposées auprès d'un juge-arbitre aux appels qui tenait une audience. Si sa décision était contestée, la question était renvoyée à une commission d'appel composée de trois commissaires qui tenait également une audience. Les décisions rendues par la commission d'appel étaient définitives. Des réceptions d'une contestation, le coordonnateur aux appels étudiait le dossier et établissait si elle devait être déposée auprès d'un juge-arbitre aux appels ou après de la commission d'appel directement.

Quiconque estime qu'il est lésé par une décision de la Commission des accidents du travail peut en tout temps contester cette décision; qu'il s'agisse d'un travailleur blessé dont la demande d'indemnisation a été refusée, d'un travailleur en désaccord avec les modalités de sa pension, d'un conjoint qui n'a pas eu droit aux indemnités de personnes à charge ou d'un employeur qui conteste une décision à l'égard d'un employé ou de la cotisation qu'il doit verser.

Les décisions de la Commission et l'exposé des motifs sont communiqués par écrit aux diverses parties et à leur représentant. Les parties intéressées sont alors informées de leur droit de contestation et on leur fait savoir à qui s'adresser si elles décident d'exercer ce droit. La Commission conseille fortement aux intéressés de fournir des raisons pouvant justifier leur point de vue ainsi que tout renseignement jugé utile. Les décisions sont accompagnées d'une

Un spécialiste de la révision des décisions prend connaissance de la contestation et des faits pertinents et mène au besoin une enquête.

Les décisions des divisions suivantes peuvent être contestées : indemnisation, réadaptation professionnelle, services médicaux, services financiers et services régionaux et locaux. Les contestations sont d'abord examinées par un conseiller, un agent ou un coordonnateur de la division concernée. La décision peut alors être renversée si les nouvelles preuves soumises à l'appui sont satisfaisantes. Si ces preuves sont insuffisantes, le dossier est transmis à la Division de la révision des décisions, l'une des deux sections de la Division des services de révision.

À ce niveau, un spécialiste de la révision des décisions prend connaissance de la contestation et des faits pertinents et mène au besoin une enquête auprès du travailleur, de l'employeur et de toute personne susceptible d'être impliquée dans le litige. Celui-ci fait ensuite part de sa décision aux parties concernées.



Jean Desjardins

Au foyer d'accueil Bonnechère Manor à Renfrew, Terri Steube, analyste des lieux de travail à la Commission, releva que les infirmières et aides-soignantes devaient soulever les patients et les transporter d'un endroit à un autre. Nombre d'employés souffraient de lésions au dos faute d'équipement spécialisé en quantité suffisante.

Les recommandations de l'analyste

Elle recommanda à la direction de se procurer des appareils en plus grand nombre, de s'assurer qu'ils soient utilisés et donna des conseils quant à leur achat. Elle mit sur pied un programme de formation visant à développer une méthode de transport des patients et à protéger les membres du personnel lorsqu'ils avaient affaire à des malades désorientés ou potentiellement violents. Enfin, Terri Steube suggéra des aménagements spéciaux de façon que les employés aient suffisamment d'espace pour accomplir leur travail.

"Nous avons été favorablement impressionnés par son rapport qui était exhaustif et complet", dit Kevin Mercer, directeur adjoint du foyer Bonnechère Manor. "Nous pourrions appliquer certaines de ses recommandations immédiatement. D'ailleurs, une compagnie vient juste de nous présenter des appareils". Nous tiendrons compte des suggestions de Terri Steube dans nos plans de rénovation à long terme et dans notre programme de remplacement et d'achat d'équipement.

Les employés ne sont pas tenus de suivre les recommandations soumise par les experts de la Commission. Cependant, dans certains cas, la Commission assume une partie ou la totalité des coûts d'une modification visant à adapter une tâche aux besoins d'un travailleur blessé. En ce qui concerne les recommandations relatives à la prévention des accidents, il incombe à l'employeur d'assumer la totalité des coûts des changements suggérés.

Il est aisé de comprendre pourquoi les directeurs d'entreprise, comme Kevin Mercer, sont prêts à investir à court et à long terme et à mettre en pratique les suggestions des experts, le rendement, éviter de payer des cotisations élevées et des amendes. Les employeurs se tournent de plus en plus vers l'ergonomie. "En fait, nous avons tellement de demandes que nous pensons déjà à agrandir le service de la Commission", dit David Baines. Après tout, puisque c'est dans l'intérêt des employeurs et des travailleurs, pourquoi s'en priver? ■

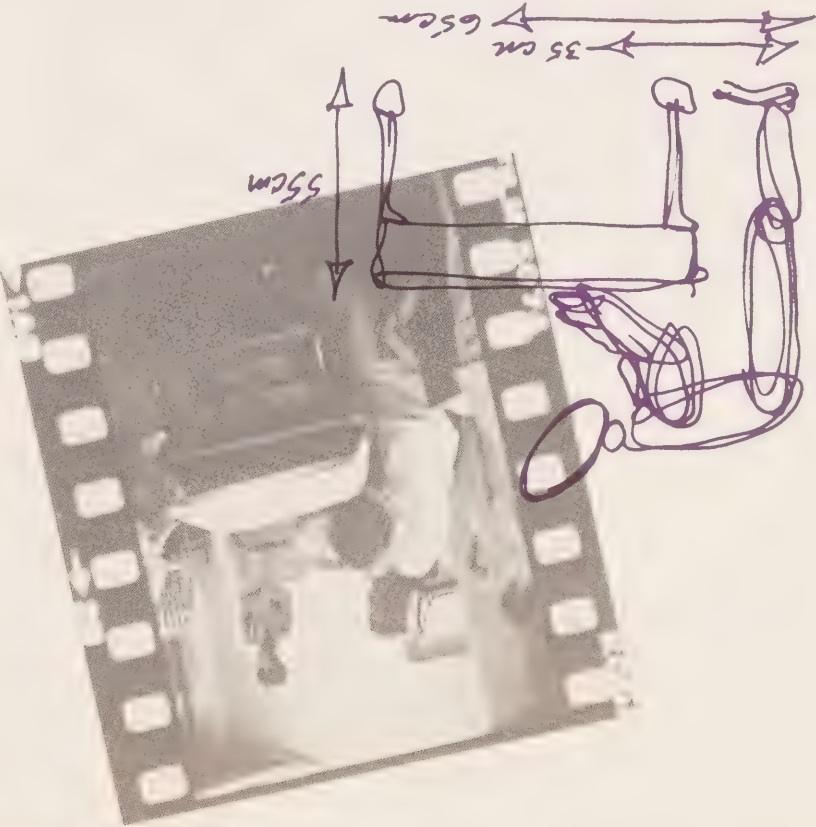
Pour de plus amples renseignements, veuillez contacter le service de placement de la Division de la réadaptation professionnelle, Commission des accidents du travail, 2, rue Bloor Est, Toronto, Ontario, M4W 3C3, (416) 927-4600. Pour obtenir une brochure sur les services d'ergonomie offerts par la Commission, veuillez téléphoner à la Division des communications au (416) 927-3500 (même adresse que ci-dessus).

"Les travailleurs et le syndicat ont accepté dans ces cas-là de ne pas tenir compte du salaire ou de l'ancienneté et, en outre, facilitent leur réinsertion". Morris est enthousiaste : "Les interruptions de travail ont diminué de plus de la moitié depuis que nous avons identifié ces tâches".

L'application des principes d'ergonomie permet d'accroître la sécurité sur les lieux de travail — et donc de maximiser la rentabilité — en identifiant des moyens de réduire la fatigue et la tension musculaire excessive qui causent tant d'accidents. Selon les données de la Commission des accidents du travail, en 1984, les efforts physiques excessifs étaient à la source de 48 416 nouvelles demandes d'indemnités réglées en Ontario se chiffrant à 212,6 millions de dollars, soit en moyenne 4 390 \$ par réclamation.

Le simple fait d'avoir une chaise à sa disposition peut faire une énorme différence en permettant au travailleur d'alterner sa position de travail. "Plus un travailleur change de position, mieux c'est", confirme David Baines. La position assise peut aussi causer des problèmes parce que la chaise est trop haute ou que faute de place pour loger ses genoux, l'individu n'est pas assez près de son poste de travail.

David Baines se souvient d'un cas où les travailleurs d'une chaîne de montage se trouvaient dans une position inconfortable qu'ils soient debout ou assis — les courroies de transport étaient trop basses pour se tenir debout et il n'y avait pas assez d'espace pour les genoux pour s'asseoir. La compagnie a suivi les recommandations de la Commission et le nombre des plaintes a diminué considérablement.



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"L'étude d'un lieu de travail peut être très utile, car elle fournit au travailleur et à l'employeur des exemples concrets leur permettant de comprendre pourquoi telle ou telle personne peut ou non effectuer un travail", explique David Baines, directeur du service d'ergonomie au siège social de la Commission, à Toronto. En outre, nous leur proposons des solutions pratiques ou leur fournissons des renseignements au sujet d'autres activités qui conviennent mieux à leurs besoins".

Services offerts aux employeurs

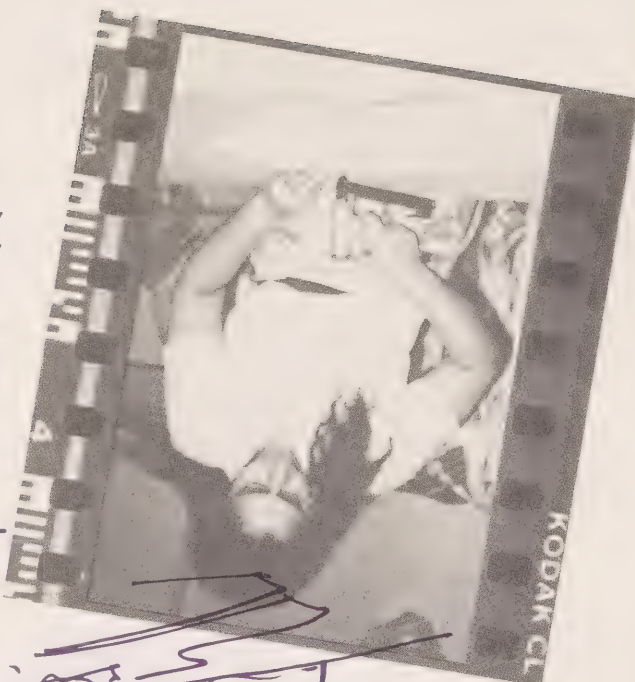
Les employeurs qui cotisent à la Commission des accidents du travail peuvent bénéficier gratuitement des services des analystes du milieu de travail sur demande. Les agents d'indemnisation et de réadaptation professionnelle de la Commission soumettent parfois eux-mêmes des demandes à cet effet. "Par exemple, un agent de réadaptation professionnelle trouve un emploi pour un travailleur accidenté et nous demande alors de déterminer si celui-ci est capable d'effectuer le travail en question", poursuit David Baines.

Le service d'analyse en milieu de travail de la Commission des accidents du travail a vu le jour au début de 1983, lorsque la Division de la réadaptation professionnelle menait une recherche visant à établir dans quelle mesure on pouvait s'appuyer sur les principes de l'ergonomie pour aider les travailleurs à réintégrer leur milieu de travail. Sous la direction du Dr Robert D. G. Webb, professeur d'ergonomie à l'Université Guelph, le personnel a participé à un programme de formation et d'orientation à la suite duquel la Division a établi des directives et effectué des études de lieux de travail.

En 1984, un projet-pilote de trois mois a été mis sur pied pour définir les demandes et les besoins des employeurs et des travailleurs blessés dans ce domaine et entrevoir les possibilités de réduire les coûts relatifs à la réintégration des travailleurs sur le marché du travail. En 1984, le service a procédé à 46 analyses de milieux de travail, et d'ici la fin de 1985 en aura 82 autres à son actif. Même si les agents de réadaptation professionnelle ont une formation suffisante en ergonomie pour mener des études simples des lieux de travail, les études plus complexes sont confiées aux analystes à temps plein de la Commission.

En général, un analyste passe à peu près deux jours sur les lieux de travail. Il rencontre les membres de la direction et les ouvriers et on lui soumet une description préliminaire des tâches qu'il doit analyser. Il observe chaque activité et tâche reliées au travail. Il fait des plans et photographie l'aire de travail.

La dimension physique d'un travail, l'espace, la cadence des gestes répétitifs, ainsi que les facteurs reliés à l'environnement, soit la chaleur, l'éclairage, les vibrations sont aussi mesurés. Enfin, il recueille des données anthropométriques tels la taille, le poids et la longueur des bras.



Bien que l'employé en question ait depuis demissionné, l'analyse ne fut pas en vain. "Les quatre tâches identifiées par Hall comme légères, qui n'exigent pas que le travailleur se baisse ou soule des objets lourds servent maintenant à réintégrer d'autres employés", indique Doug Morris, directeur de l'usine.

Depuis qu'une analyse lui a été soumise, Varta Batteries Limited est mieux à même d'évaluer le genre de travail qui convient à ses employés accidentés. Peter Hall visita l'usine de Scarborough appartenant à l'entreprise pour découvrir si l'existence d'un travail modifié pour un ouvrier souffrant d'une lésion au genou. Il observa plusieurs activités "mais, il n'y avait pas un seul emploi de sa compétence qui soit approprié, compte tenu de sa lésion", explique-t-il. "Nous avons remarqué que certains travaux étaient normalement exécutés à temps partiel, et parfois à temps plein. Nous les avons donc regroupés, et avons suggéré une modification mineure de façon à éliminer les mouvements rotatoires et de torsion superflus pour qu'il puisse retravailler".

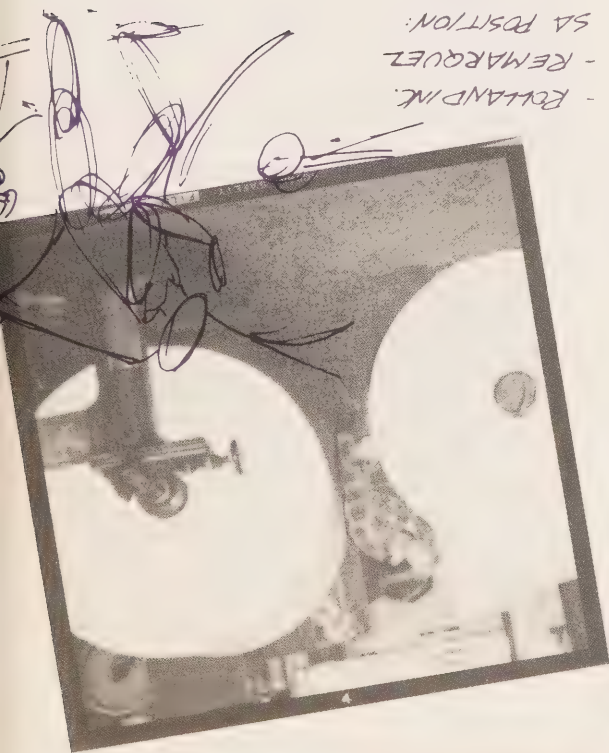
L'expert réunit et analyse les données recueillies dans son bureau et soumet des recommandations écrites à la compagnie quant à la meilleure manière d'accomplir une tâche et suggère certaines modifications, s'il y a lieu. Le processus, estime David Baines, prend à peu près quatre semaines, à partir du moment où la Commission reçoit la demande.

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milieu de travail

— Le travail à l'échelle humaine

par Marilyn Kay



Il y a quelques années, Ray Murphy faisait fonctionner de grosses machines chez Rolland Inc., une compagnie de pâtes et papiers. Malheureusement, en 1982, il eut un accident de travail et perdit pratiquement l'usage de la main droite, puisqu'il ne lui reste plus que l'articulaire de valide, un demi-doigt et un moignon à la place du pouce.

En dépit du choc subi et de son handicap, Ray Murphy et son employeur décidèrent qu'il devait reprendre ses activités. Il restait cependant à savoir quel genre de travail lui conviendrait dans une entreprise qui fabrique d'énormes rouleaux de papier pesant plusieurs tonnes. En effet, Ray Murphy porte un gant pour protéger sa main accidentée et ne pouvait donc plus exercer le même métier. Son employeur lui offrit donc un travail plus léger, mais qui ne tenait pas compte de son invalidité. "Je me suis donc retrouvé balayeur", dit Ray Murphy. "C'était dur à accepter après avoir fait fonctionner de grosses machines pendant des années."

En 1984, Ray Murphy consulta à nouveau son médecin à l'hôpital Sunnybrook à Toronto, qui prit contact avec la Commission des accidents du travail. Cette dernière le dirigea vers Peter Hall, l'un des deux analystes du milieu de travail à temps plein, Division de la réadaptation professionnelle. Peter Hall visita l'usine Rolland pour étudier la situation et découvrir éventuellement un travail que Ray Murphy pourrait effectuer malgré sa lésion.

Peter Hall examina les diverses tâches assignées à Ray Murphy, en discuta avec lui et son représentant syndical. Il en conclut que les machines dont il se servait étaient trop lourdes pour lui et étudia le genre d'occupations et d'activités disponibles au sein de la compagnie. Ensuite, il expliqua son point de vue à la direction.

Finalement, Peter Hall recommanda à Ray Murphy un poste de commis dans l'entrepôt Rolland. "Le transport des marchandises est entièrement mécanisé, et Ray Murphy soulève tout au plus une pile de lettres ou une bouteille d'encre", explique Peter Hall.

Ray Murphy a maintenant une tâche qui respecte son handicap et s'en acquitte fort bien.

Les ergonomes peuvent structurer une occupation et un lieu de travail domés de façon à minimiser les sources de tension éventuelle et augmenter ainsi le rendement. En mesurant les exigences physiques d'une tâche, ils évaluent dans quelle mesure une personne peut s'en acquitter et, s'il y a lieu, proposent des modifications.

reconnaissent l'importance de cette question et celles qui adoptent des programmes dans ce sens sont encore moins nombreuses.

La compagnie Dupont Canada Inc. fait cependant exception à la règle; en effet, cette société a l'une des plus enviables traditions en la matière et un excellent programme de sécurité en dehors des lieux de travail. Depuis six ans, aucun des 350 employés de l'usine de North Bay n'a dû s'absenter suite à un accident de travail. Jusqu'à présent, deux travailleurs seulement ont dû interrompre leurs activités en raison d'un accident survenu hors des lieux de travail, et, au cours des années 1983 et 1984 pendant une période de quatorze mois, aucun employé n'a dû s'absenter pour cette raison.

"Il faut se préoccuper de la sécurité tant sur les lieux de travail qu'en dehors. Il est illogique de se préoccuper de nos employés seulement 40 heures par semaine", commente Marcel Perreault, directeur de la sécurité et des services auxiliaires de l'usine qui fabrique des explosifs et des tissus en polyoléfine.

En termes monétaires "lorsqu'un employé ne peut pas travailler parce qu'il a subi une blessure quelconque", explique Perreault, "cela entraîne des frais additionnels pour nous, parce qu'on doit le remplacer, qu'il faut former le remplaçant et ainsi de suite". Il estime qu'au Canada en 1984, le coût moyen en temps perdu dû à un accident se situait aux environs de 15 000 \$, ce qui comprend la formation et le temps supplémentaire.

Primes d'encouragement

Dupont, entre autres, octroie des primes (pièces en argent) aux groupes de travailleurs qui, pendant 100 jours, n'ont pas à s'absenter de leur travail en raison d'un accident non relié au travail. Les employés reçoivent à domicile un exemplaire du magazine *Living Safety* qui leur recommande vivement d'appliquer en tout temps les principes de sécurité en vigueur à l'usine — qu'il s'agisse de porter des bottes protectrices lorsqu'ils tondent leur pelouse ou des lunettes de protection dans leur atelier de bricolage.

"Nous voulons pouvoir compter sur nos employés pour qu'ils soient prudents lorsqu'ils sont exposés à des produits chimiques potentiellement dangereux à l'usine", continue Perreault. "S'ils vivent

déjà d'une manière prudente, ce seront des employés fiables". Et si toute la communauté se sent concernée par la sécurité, ce qui est le but du projet North Bay — une communauté prudente, d'autres industries seront peut-être attirées par une ville où les travailleurs sont sensibilisés à ces questions.

Les résultats du projet-pilote de trois ans seront scientifiquement mesurés par les associations de sécurité en cause — l'Association pour la prévention des accidents industriels, l'Association de prévention des accidents dans l'industrie forestière, l'Association pour la prévention des accidents dans les mines ontariennes. Les évaluations porteront principalement sur trois domaines, à savoir, le nombre de nouvelles activités reliées à la sécurité dans la communauté, le degré de sensibilisation et de connaissance en la matière, et le nombre d'accidents survenus au cours de la période probatoire de trois ans.

Et après? Et bien, si tout se déroule comme prévu, North Bay sera une ville où la sécurité au travail comme dans la vie quotidienne régnera. Les organisateurs espèrent aussi que d'autres communautés l'imiteront. "Nous sommes persuadés que d'autres chambres de commerce suivront l'exemple de North Bay", considère Riley qui a déjà reçu des demandes de renseignements de la part d'autres centres. "C'est passionnant — ce projet va prendre de l'ampleur".

"Rien ne s'oppose à ce que d'autres villes s'inspirent de notre expérience", poursuit Stan Lawlor. "La sécurité n'est pas le fruit du hasard, mais bien celui d'efforts concertés. Et je suis convaincu que la prudence paie". ■



Le projet-pilote d'une durée de trois ans a officiellement été lancé le 10 septembre.

s'étaient engagées à y prendre part. Par exemple, deux des plus importants concessionnaires d'automobiles de la ville, ont proposé d'offrir en prime une trousse de premiers soins à tout nouvel acheteur, et leurs concurrents ont été encouragés à leur emboîter le pas. On a demandé au Conseil local des agences immobilières de suivre cet exemple lors de chaque vente de maison. Quelque 25 000 questionnaires sur la sécurité au domicile ont été distribués aux résidents. L'ambulance Saint-Jean a offert de donner des cours de secourisme aux professeurs lors de leur journée pédagogique. Les clubs et les organisations ont été invités à s'engager à fixer une date pour mettre sur pied une activité reliée à la sécurité qui sera intégrée au calendrier de la ville. Et ainsi de suite.

Un programme qui encourage la sécurité dans la communauté ne peut que profiter au secteur industriel, dit David Doyle représentant régional de l'Alliance de la fonction publique du Canada et représentant syndical du projet. "Il faut tout essayer pour réduire les accidents industriels," Doyle ajoute "qu'il ne se contentera pas de blâmer les responsables, mais qu'il analysera la source des accidents. Les reproches ne règlent pas les problèmes, mais attisent la discorde".

Du côté de l'industrie, faire de North Bay une communauté prudente suppose avoir le souci de la sécurité des employés tant sur les lieux de travail qu'en dehors de ceux-ci; de plus, cela se justifie sur le plan de la rentabilité. Comme Evans l'explique : "Un des plus grands problèmes concernant la productivité industrielle est relié à l'absentéisme et aux accidents qui surviennent en dehors des lieux de travail. Notre rendement augmente au fur et à mesure que l'absentéisme décroît".

Il est bien connu que le nombre d'accidents qui surviennent en dehors du travail est nettement supérieur au nombre d'accidents du travail et pourtant, nous sommes loin d'y prêter la même attention. Pourtant, en principe, "la sécurité n'est pas un vêtement que l'on endosse le matin et que l'on ôte le soir. C'est une deuxième peau", dit Riley de l'APAI.

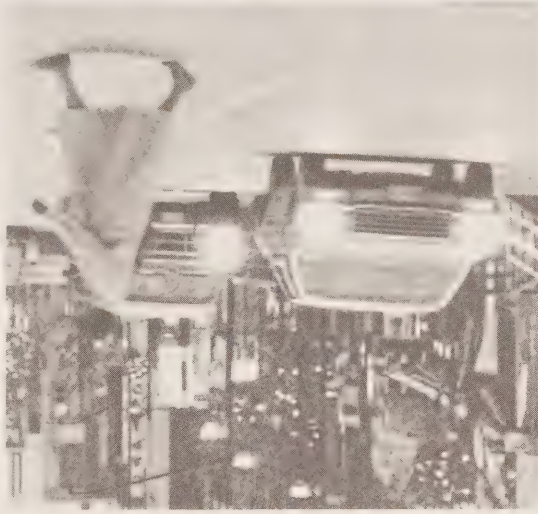
Même si l'industrie depuis longtemps se soucie de la sécurité sur les lieux de travail et des programmes connexes, on néglige trop souvent de sensibiliser les travailleurs à la sécurité en dehors du travail. Trop peu de compagnies

ce domaine. North Bay, comme certaines villes de la province, participe chaque année à divers projets de sécurité mais, "jamais une autre ville n'a participé à ce genre de programme avec un tel enthousiasme", dit Rick Evans, directeur de la fabrication des outils Kenroc à North Bay et vice-président de la direction du projet et des comités de direction. "Il existe partout des programmes fragmentaires de sécurité, mais aucune ville n'a mis sur pied un programme d'une telle envergure. Les autres projets sont plutôt restreints à un secteur particulier."

Ce projet, jusqu'à maintenant, a été très bien accueilli et "a fait bouillir de neige", poursuit Evans. "Je suis emballé. Je ne comprends pas pourquoi personne n'y a songé avant".

Dès les premiers jours de son lancement, plusieurs groupes ainsi que des particuliers

Plusieurs groupes ainsi que des particuliers participent au projet.



La sécurité d'abord

— Une communauté prudente

par Ann Garland

C'est une première en Amérique du Nord et même une première mondiale, selon les organisateurs. Si c'est un succès, cela éparagnera des vies et des dollars, contribuera à résorber l'absentéisme, augmentera la productivité sur les lieux de travail et permettra à plus de 50 000 participants de jouir d'un environnement de vie et de travail en toute sécurité.

Cela touche des personnes de tout âge, de tous les milieux, que ce soit à la maison, au travail, à l'école ou pendant les moments de loisirs. Et si ce projet marche, il pourrait prendre plus d'envergure. North Bay est le site d'un projet unique en son genre intitulé : *North Bay — une communauté prudente*. Ce programme, comme son nom l'indique, vise à faire de cette ville du Nord de l'Ontario, une communauté prudente, dans tous les sens du terme, vingt-quatre heures sur vingt-quatre, en modifiant les habitudes, les attitudes et en sensibilisant ses citoyens aux questions de sécurité.

Le projet-pilote d'une durée de trois ans, qui a officiellement été lancé le 10 septembre est conjointement organisé par la chambre de commerce de North Bay et du district et par trois associations provinciales de sécurité. Le comité d'organisation comprend des représentants de l'industrie locale, du mouvement syndical, des commissions scolaires, des forces canadiennes, de l'ambulance Saint-Jean, et des bureaux des députés des gouvernements fédéral et provincial. En outre, la communauté médicale, la police et les pompiers ont accordé leur appui au projet.

Un site d'étude idéal

Monsieur Frank Riley, directeur régional de l'Association pour la prévention des accidents industriels et représentant de cette dernière auprès des comités explique que plusieurs raisons ont motivé le choix de North Bay pour ce projet. La ville a une taille idéale (50 000 habitants), une grande diversité d'industries, une chambre de commerce très active, les associations de sécurité y sont bien représentées et les autorités municipales entretiennent de bonnes relations avec la population.

Le maire de la ville, Stan Lawlor, est également président du projet. Il est enthousiaste et sait par expérience que la sécurité est une source d'épargne appréciable. Le conseil municipal a en effet économisé 118 198,95 \$ lorsqu'une surprime réclamée par la Commission des accidents

Le maire de North Bay, Stan Lawlor, sait par expérience que la sécurité est une source d'épargne appréciable.



The Nugget

du travail, en raison du nombre élevé d'accidents — la troisième amende de la ville — a récemment été annulée par une commission d'appel, la preuve ayant été faite que le taux d'accident était en baisse.

"Il y a trois ans, nous étions un des plus mauvais clients de la Commission des accidents du travail (avec presque le double d'accidents par rapport

à la moyenne provinciale) alors que maintenant nous sommes l'un des meilleurs", explique Lawlor en parlant de ce brusque revirement de situation. Lorsque la ville s'est vue imposer sa troisième amende, "nous avons finalement décidé qu'il fallait faire quelque chose à ce sujet".

Le conseil municipal, à tous les paliers, a fait des questions de sécurité sa préoccupation quotidienne, et entre autres, a étudié minutieusement tous les accidents, développé une politique de sécurité et a attiré l'attention des employés de la ville sur ce sujet. "La sécurité est devenue en quelque sorte la devise du secteur privé", dit Lawlor qui a la ferme intention de faire de North Bay une communauté prudente.

À cette fin, quelque 140 clubs et organismes locaux — ainsi que les industries — ont été contactés dans le but d'intensifier leurs efforts dans

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travail, 2, rue Bloor Est,
Toronto, Ontario,
M4W 3C3 ou en compo-
sant le (416) 927-3500.



**Workers'
Compensation
Board**

2, rue Bloor est
Toronto, Ontario
M4W 3C3

**Commission
des accidents
du travail**

Rapport

1 La sécurité avant tout

North Bay est le site d'un projet unique en son genre destiné à réduire le nombre des accidents qui surviennent au travail comme ailleurs.

4 L'analyse du milieu de travail

La Commission offre des services d'analyse du milieu de travail visant notamment à améliorer la sécurité et à réintégrer les travailleurs blessés sur le marché du travail.

En bref

La Commission des accidents du travail a un nouveau président et un nouveau conseil d'administration.

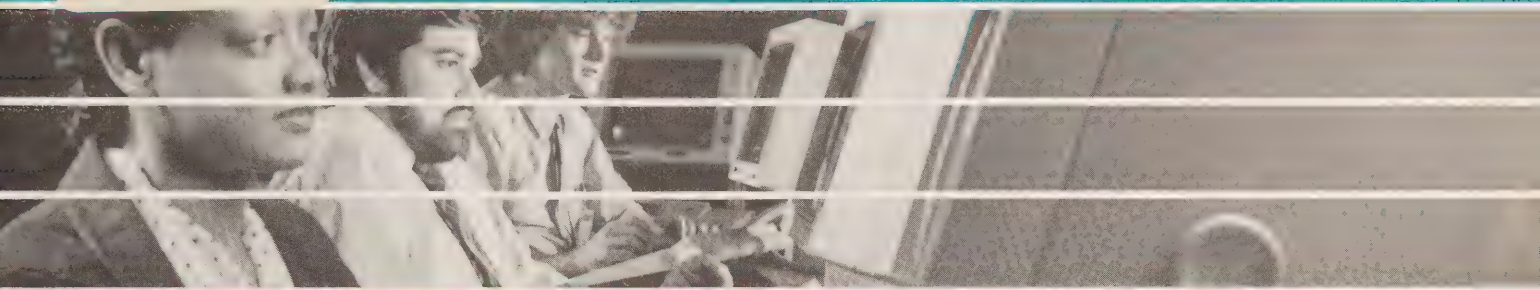
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Conformément aux modifications apportées à la Loi sur les accidents du travail, la Commission a créé un nouveau système de révision des décisions faisant l'objet de contestations.

7 Services de révision de la Commission

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Vol. 9 No. 1, 1986



Rapport

Advice for the Asking

Employers and injured workers across Ontario can consult two new and independent offices for information and assistance concerning workers' compensation.

Keying in to Worker Health and Safety

Computers and a growing generation of sophisticated software are proving to be valuable new tools for the occupational health and safety professional.

1 Compensation Benefits Indexed

Annual indexation of workers' compensation and increased survivors' benefits are the result of recent amendments to the Workers' Compensation Act.

3 Modified Work Pays Off

Some forward-thinking companies in Ontario are discovering the benefits of modified work programs in helping injured workers get back to work.

7

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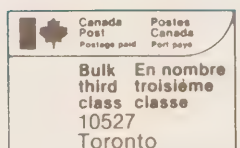
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Worker and Employer Advisers

by Ann Garland

Two unique services now available to employers and injured workers across Ontario provide assistance and information with respect to workers' compensation.

A newly created Office of the Employer Adviser and an expanded Office of the Worker Adviser came into effect October 1, 1985, as a result of amendments to the Workers' Compensation Act.

"We're a branch of the Ministry of Labour mandated to provide independent advisory service and advocacy on behalf of employers," explains Jason Mandlowitz, director of the Office of the Employer Adviser in Toronto.

The Office of the Worker Adviser, previously a service of the Workers' Compensation Board, has been expanded and removed from the Board. "While we're responsible to the Minister of Labour, we have a very large degree of autonomy and independence," says Odoardo Di Santo, new director of the office.

Workers across Ontario who are or have been a claimant for benefits under the Workers' Compensation Act are eligible for this assistance free of charge. Employers in the province can consult the employer adviser office, again, without charge.

While independent workers' advisers at the Board were primarily available to assist injured workers in preparing appeals and to represent them at appeals proceedings, advisers in the new office have the mandate to provide a variety of assistance. "They can advise workers on any matter with respect to the Board, and can represent individuals before the Board or the Appeals Tribunal," explains Di Santo.

All advisers have had previous experience in handling compensation cases, some with legal aid clinics, others as lawyers in private practice. Di Santo became involved in many workers' compensation cases on behalf of constituents, while serving as MPP for the Toronto riding of Downsview from 1975 to 1985.

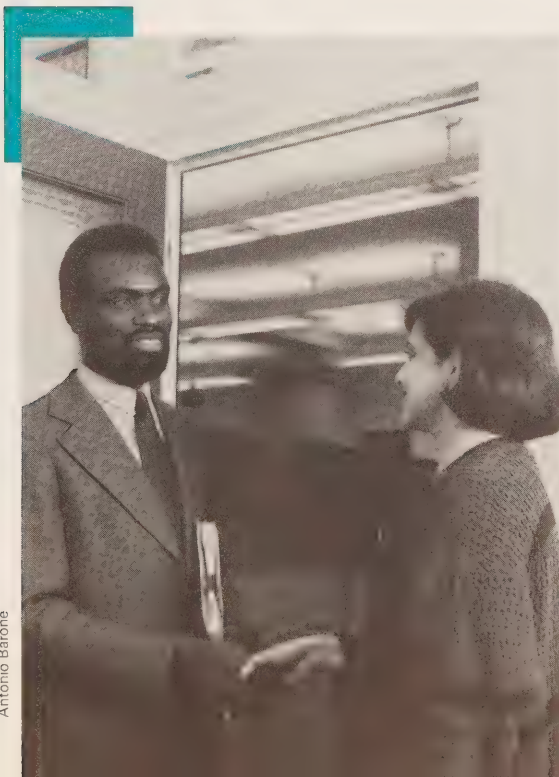
Offices across Ontario

There are 30 worker advisers across the province, with offices in Toronto, Hamilton, Kitchener, London, Windsor, Ottawa, Sudbury and Thunder Bay. "The response so far has been just tremendous," says Di Santo. Worker inquiries and problems range from denial of claims and benefits to concerns with pensions, supplements and vocational rehabilitation.

Upon receipt of a case, "the adviser will get a copy of the claim from the Board, call the adjudicator and try to solve the problem if possible," Di Santo explains. "We will try to do our best for workers and not necessarily appeal, which is our last resort. Most cases are solved before an appeal."

Each worker adviser has a heavy caseload, and more than 50 new inquiries are received across the province daily. Since last October, worker adviser offices have received more than 3,000 inquiries and opened more than 1,000 files. Concludes Di Santo, "This office is a very positive step, and obviously a necessary one."

Worker advisers can provide a variety of assistance to injured workers with respect to the Board.



Antonio Barone

The Office of the Employer Adviser provides service to employers who have problems understanding or accessing the WCB.

Antonio Barone

The Office of the Employer Adviser offers "anything the employer needs, from a simple referral to someone else to appearing on his or her behalf before the Appeals Tribunal," says Mandlowitz. "We provide an advisory service to employers who have problems understanding or accessing the WCB, and will advocate on their behalf."

Wide range of inquiries

Problems range from interpretation of Board correspondence to providing information on assessments. There are also a number of "how to" inquiries from employers who want to find out how to proceed with respect to the Board.

The bulk of work, however, concerns objections to Board decisions, says Mandlowitz. "We're largely directed to employers who have problem claims and want to appeal." He estimates that objections account for some 60 per cent of inquiries, assessments another 30 per cent.

Employer advisers, like worker advisers, have extensive backgrounds in workers' compensation, including experience in investigation and representation at hearings. In addition, the Board provides training programs for advisers on various aspects of the compensation process. In terms of working with the Board, "we have a very co-operative relationship so far," says Mandlowitz.

Mandlowitz comes to the office from the Small Business Branch of the provincial Ministry of Industry, Trade and Technology. He is a former director of provincial affairs for the Canadian Federation of Independent Business and former chairman of the Employers' Council on Workers' Compensation.

There are currently four advisers in the downtown Toronto office, which is accessible to employers across the province by toll-free telephone. Expansion to other parts of the province is being considered.

By the end of February, the Office of the Employer Adviser had handled some 425 cases, approximately 40 per cent from the construction industry, 25 per cent from manufacturing, 20 per cent from the service industry, and 15 per cent from other sectors. "We're getting a steady stream of calls," confirms Mandlowitz, who says they're already handling 50 per cent more cases than they had anticipated.

In addition to answering inquiries and representing clients, both worker and employer adviser offices consider education an essential role. On the part of employers, there are two aspects to the problem, explains Mandlowitz: "First the symptom, which we treat, and then the bigger issue of reducing accidents in the workplace." Employer advisers strongly recommend their clients call their safety association for further assistance. ■

For more information on these two offices contact:

*Office of the Employer Adviser
101 Bloor Street West, 5th Floor
Toronto, Ontario, M5S 1P7
(416) 965-8780 or 1-800-387-0774.*

*Office of the Worker Adviser
434 University Avenue, Suite 509
Toronto, Ontario, M7A 1T7
(416) 965-8570;*

- or the worker adviser office nearest you (consult your local Ministry of Labour office).

Computing

Worker Health

and Safety

by Marilyn Kay

Move over Lotus 1-2-3 and all that jazz. There's a growing generation of computer software designed especially for the occupational health and safety professional. While these programs don't guarantee a safer workplace, they do make it easier for health and safety professionals to do the best job they can.

Just imagine keeping track of injury and illness statistics, for example, without rummaging through stacks of files. A computer program can do it for you, calculate percentage changes, and show them in graph form in a little more time than it takes to key the numbers into the computer.

The right software can record and monitor hazardous material data and employee exposure rates, help to identify weak points in on-the-job safety programs, keep records, book medical appointments — even provide expert safety advice and training for new and veteran workers. Computers with increasingly sophisticated software can help the occupational health and safety professional make sense out of complex information with a speed and thoroughness not possible using traditional recording methods.

Computer applications in occupational health and safety, however, is still a new concept to most professionals in the field. In fact, "the

average safety professional has never been involved with a computer," says Bud Moulson, product manager of Levitt-Safety Limited, a large Toronto-based distributor of safety supplies. "This is partly because many companies aren't yet fully computerized, and those that are haven't gone beyond word processing and spreadsheet uses. When I show them our programs, they're always surprised to find they can use their computers for something else."

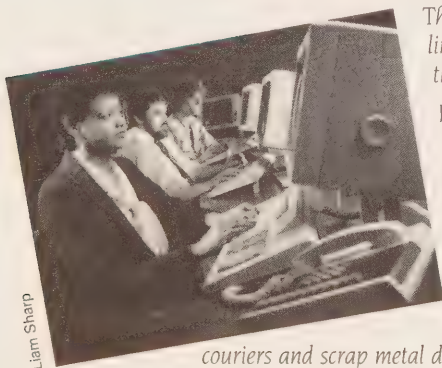
New software

Even software producers and dealers are relative newcomers to the occupational health and safety field. Levitt-Safety, for example, which has been handling everything from band-aids to fire engines for more than 50 years, got into safety software just two years ago. Levitt's entry into the market has come at a prime time — the early software was almost as cumbersome to use as crunching statistics with a calculator and slide rule, and was enormously expensive.

To systems pioneer Adrienne Whyte, who has been in the business of computer applications for occupational health and safety since 1977, safety software is already in its third generation. The first generation, developed in the 1960s,

WCB Brings Safety On-Line

The Workers' Compensation Board is well on its way to developing a computerized occupational health and safety education network, in conjunction with the College, University and School Safety Council of Ontario (CUSSCO) and the provincial safety associations reporting to the Board's Occupational Health and Safety Education Authority (OHSEA).



Liam Sharp

The Board is currently installing personal computers in all safety association offices that will be linked to its data central computers. This will, among other things, provide the associations with the computing power to create customized reports for specific firms.

For example, "a lot of firms are multi-rated by the Board," explains Ian Kennedy, OHSEA's systems planning specialist. "This means that whenever an association needs a report on a firm, it might receive several reports for the same firm. Using a personal computer, however, the safety association can create one report instead of having to deal with several — one for each of the firm's rate groups."

Furthermore, the safety associations will be able to easily compare one firm's progress within a rate group with those of similar firms. "Right now," says Kennedy, "firms within a rate group are lumped together — ready-mix concrete companies are grouped with couriers and scrap metal dealers, for example. But with a personal computer, the ready-mix concrete companies can be compared strictly with one another."

Although each of the safety associations will be part of this personal computer and mainframe network, the Board will ensure the confidentiality of information. Access to Board terminals will be limited and the user must key in a confidential ID number and password.

The Workers' Compensation Board currently has four computerized systems available to assist the associations: Names and Addresses, Firm Profile, Claims Cost Profile, and WCB Statistics.

Names and Addresses allows CUSSCO and the safety associations to immediately identify all firms in their particular organization. The Firm Profile system provides safety consultants with a standardized one-page snapshot of accident information for each firm/rate combination. Using a personal computer, enthuses Kennedy, "the safety consultant will be able to customize reports to the specific needs of the company and have the most up-to-date information in a matter of seconds."

The Board's Claims Cost Profile system provides details of each claim submitted by a firm in its Form 7 report, and a summary of the claim for the firm and its safety association. Injury statistics are also available to safety associations through WCB Statistics, which was set up by the Board's Policy Planning Secretariat.

Kennedy envisions that all association safety consultants will one day have portable computers and cellular telephones. "They'll call up for the most current information before going out to the firm. Then after their visit, they will sit down, write their reports and recommendations on the computer, and send them by telephone the very same day to the central computer."

The Board is also working on a pilot program with General Motors of Canada Ltd. that will eventually link many Schedule 1 firms directly to the Board's computer. When an accident occurs, a company will be able to call up the Form 7 accident report on computer, key in the required information, and transmit the completed form over the telephone wires directly to the Board's computer. ■

Computer programs eliminate much of the time-consuming paperwork that can keep occupational health and safety professionals tied to their desks.



Dofasco Inc.

consisted of large mainframe batch processing designed to support epidemiological studies, such as determining the toxic level of an industrial solvent and safe exposure limits. Few companies, however, could afford to use programs with such limited applications.

The second generation, in the 1970s and early 1980s, was geared to large minicomputers or mainframes, such as the IBM 38 and Digital Equipment Corporation's VAX 11/700 series. With this system, branch offices had to continually communicate with a central mainframe, making it uneconomical for most companies.

With the availability of low cost personal computers, the third generation is now upon us. Branch plants can process information in their own offices and still be linked to a communications

network, while the large head office computer handles long-term storage and analysis during less expensive, off-peak hours.

Personal computers and the new software have made it more affordable for mid-sized companies to computerize the monitoring of employee health and safety. Levitt-Safety, for example, offers a variety of generic and customized software for IBM PC-compatibles. They range in price from \$795 for a computerized on-the-job training program (which through computer animation and text teaches and tests workers on the safety aspects of their jobs) to about \$4,500 for the generic package programs.

A package such as SAFETY PRO, which keeps accident records, determines hours lost and frequency rates, or M.S.D.S. PRO, which allows a company to keep up-to-date material safety data sheets on where its chemicals are stored, how to handle these chemicals, and the volume used, can help the safety professional produce statistics and reports more quickly and conveniently.

Don Renaud, safety co-ordinator for the City of Toronto, pronounces Levitt's M.S.D.S. PRO "a steal when it comes to an affordable way to keep closer track of the city's hazardous substances." He admits, however, that it was initially a big job to develop an inventory of chemicals. In the Parks Department alone, chemicals are stored in some 300 different locations.

Computerized inventory

With a computerized inventory, City workers can more easily ensure they're not accidentally storing something flammable next to kerosene heaters or other fire hazards, and that all hazardous materials are safely handled. The computer has

also made it easier to track down material safety data sheets from various chemical manufacturers. "The computer prints out a list of products for which we haven't had answers from the manufacturers," explains Renaud, "and then prints out follow-up letters to these companies. We never have to retype letters — the system does it automatically."

Renaud and his fellow safety professionals have been using computers to "produce reports at the touch of a button" for the past three years now. In fact, the City of Toronto is developing its own software for dealing with injury statistics.

While some companies are creating their own tailor-made software, customized programs are also available commercially. Levitt-Safety's SYSTEMS PRO (\$4,000 to \$10,000) is fully integrated to address a wide range of occupational health and safety concerns.

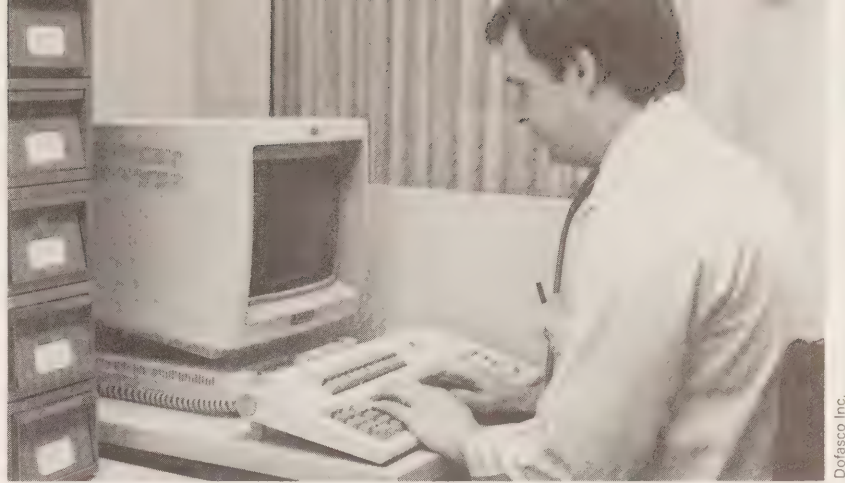
Adrienne Whyte's company, OHIS, is based in the United States, with a recently opened branch in Toronto. OHIS offers everything from a fully integrated system, with mainframes and personal computers (about \$110,000 U.S.) to an employee hearing conservation software module (\$7,500 U.S.).

These programs run on IBM PCs and on some 22 minicomputers and mainframes as well. As is the case with Levitt-Safety software, previous computer experience is not required in order to operate them. Other software developed in the United States, such as the fully integrated Flow Gemini, SunHealth or COHESS are comparable in price, while ETHOS and DEHealth cost about \$50,000 U.S. for a full system.

Dr. Jack Richman, Goodyear Canada's director of medical services in Toronto, looks forward to using his personal computer to help schedule medical appointments and design medical forms, among other things. A big advantage, he says, is that at each Goodyear plant, health care professionals will now have easily accessible data on patients.

Health professionals will, for example, be able to monitor blood pressure trends in their own plant and compare them with trends among the rest of Goodyear's approximately 6,000 employees. Richman says he is also anxious to use the OHIS medical records system to monitor new employee health programs, such as fitness, in order to determine their effect on the health of workers.

Dofasco Inc. began looking for an automated system for its health care professionals about 10 years ago, says Dr. E. S. Gibson, director of medical services at Dofasco in Hamilton. "Our



Dofasco Inc. 5

problem was not medical records per se — we had proper medical charts," he explains. "What we needed in occupational medicine was to correlate the information on hygiene, safety, personnel and medical reports and put it all together."

Computers may soon become as invaluable to worker health and safety as the doctor's faithful stethoscope.

Potpourri of chemicals

"We've got individuals working in a potpourri of chemicals and it's difficult to keep track of what jobs they're doing, for how many hours, and their exposures for each job," says Gibson. With 12,000 employees, finding the answer to a simple epidemiological question could take as long as several weeks.

With Dofasco's new software modules, designed by OHIS, Gibson sees the computer becoming an indispensable tool for all of his 48 staff — from clerk, to physician, to nurse, to lab technician. The doctors are already finding it as important as their stethoscope, he says.

While smaller companies do not need a system on the scale of Dofasco's to monitor employee health and workplace safety, if they have a personal computer they can take advantage of the data bases available through the Canadian Centre for Occupational Health and Safety in Hamilton. In conjunction with its telephone inquiry service, the Centre has developed an on-line occupational health and safety information service called CCINFO. These data bases allow users to get basic information quickly, while Centre staff concentrate on more complex inquiries.

Health and safety professionals often need more than just information, however. Sometimes they need help in interpreting the data, explains Robert Dell, president of Dell Chemical Corporation in London. His company tests chemicals for small chemical suppliers and provides them with material safety data sheets. It also helps other companies use and understand the hazard data on these chemicals. "There's a lot of leeway in the way chemicals must be reported, so somebody with interpretative skills is needed to understand this data," says Dell.

There's no doubt about it. It's tough enough for occupational health and safety professionals to keep an efficient records system and stay abreast of new information, let alone identify and implement effective new programs for on-the-job health and safety. Computerized systems can make the job easier, more accurate, and more

comprehensive. They can also eliminate much of the time-consuming number crunching which often keeps these individuals tied to their desks. Indeed, as in Dofasco's case, computers and the accompanying software may soon become as invaluable to worker health and safety as the doctor's faithful stethoscope. ■

Calling Up CCINFO

The Canadian Centre for Occupational Health and Safety, a federal crown corporation in Hamilton, has developed several data bases to serve the needs of worker health and safety in an increasingly computerized work environment.

CCINFO, the Centre's computerized system, consists of seven data bases. Two bibliographic data bases, CISILO and NIOSHTIC (from the National Institute for Occupational Safety and Health, NIOSH), contain references to books, articles and unpublished works on chemicals, hazards, and other topics of concern.

CIOL data bank (Chemical Information On-Line) has TRADE NAMES, which provides information on chemical products used in Canada, obtained from the manufacturers' material safety data sheets. It also includes CHEMINFO, which provides information on pure chemical substances, natural products, and mixtures which result from industrial processes.

In addition, there is a STUDIES data base, which is an up-to-date registry of Canadian studies in the field of occupational health and safety. The ORGANIZATIONS data base lists Canadian organizations in the field, and PEOPLE is an electronic directory of Canadians involved in occupational health and safety.

Using the system is as easy as making a telephone call. All that's required is a computer or word processor with communications software and a modem for transmitting and receiving electronic information over the telephone. There are no fees for the service, but the user is responsible for any telecommunications charges. The Centre also offers free training on use of the system.

The Centre's new RTECS data base will soon provide users with free access to a data base compiled by NIOSH, containing information on 60,000 chemical substances. On-line access to all Canadian Standards Association publications will be available in a data base known as CSA. And by 1987, occupational health and safety professionals will have access to CANADIANA, a data base of Canadian publications in the Centre's library; CASE LAW, for legal literature and precedents; and ESSENTIALS, which introduces novices to essential reading on occupational health and safety.

The Canadian Centre for Occupational Health and Safety is also preparing a computerized expert systems package entitled PREVENT/FALLS. Developed in conjunction with a world expert on how to prevent and protect workers from falls (Andrew C. Sulowski of Ontario Hydro's research division), this package "saves Sulowski's knowledge for all time," enthuses Paul Hurly, an information and training officer at the Centre. What's more, the computer can actually design an individualized falls prevention program by applying Sulowski's expertise to certain user responses.

A number of pilot electronic booklets have been developed on such subjects as asbestos, excavation safety, chemical testing, and agricultural health and safety. These booklets provide valuable instruction to workers and health and safety professionals alike by combining colourful animation and other computer graphics with informative text. ■

For more information on computer services offered by the Centre, contact On-line Services, Information Systems Services, Canadian Centre for Occupational Health and Safety, 250 Main Street East, Hamilton, Ontario, L8N 1H6. Or call toll-free 1-800-263-8276.



Liam Sharp

(f)	Other Dependents	Financial loss as determined by the Board but not exceeding \$717.28 a month, effective January 1, 1986	For a death before April 1, 1985
	Compensation for Temporary Total Disability	75% of earnings for period of disability - minimum of \$201.37 a week or earnings if less	For accidents before April 1, 1985

Indexing Compensation Benefits

7

Recent amendments to the Workers' Compensation Act, passed in December, 1985, affect adjustments to compensation benefits.

Under the new law, the Workers' Compensation Board will automatically adjust compensation benefits every January 1 to reflect the past year's change in the cost of living. Beginning January 1, 1987, the indexation formula for adjusting these benefits will be based on the percentage change in the Consumer Price Index for the 12 months ending on October 31 of the previous year.

On January 1, 1986, the percentage factor for indexation was set at 1.7 per cent. This takes into account previous adjustments to benefits caused by amendments in April and July, 1985.

Survivors' benefits increased

In addition, the amendments increase survivors' benefits paid in 1986 to dependents of any worker whose death occurred before April 1, 1985.

Annual indexation extends to all dollar amounts set by April and July, 1985 amendments to the Workers' Compensation Act, including the covered earnings ceiling, lump sum payments for surviving spouses, clothing allowances, and the minimum allowance for funeral expenses. Injured workers receiving pensions or temporary disability payments which extend beyond December 31 will also have their payments adjusted.

Average earnings adjusted

At the beginning of each year, the injured worker's average earnings are adjusted to reflect the previous year's change in the cost of living, whether the accident occurred prior to April 1, 1985 or after that date.

For accidents prior to April 1, 1985, compensation benefits are paid on 75 per cent of the worker's adjusted earnings. For accidents on or after April 1, 1985, the worker's net average earnings

are recalculated by subtracting from his or her adjusted average earnings the probable provincial and federal income tax, Canada Pension Plan premiums and Unemployment Insurance premiums for that year. Compensation benefits are then paid on 90 per cent of the worker's net average earnings.

Dependent survivors

Dependent survivors of any worker whose death occurred before April 1, 1985 also receive an annual adjustment to their pensions, based on the percentage change in the Consumer Price Index.

Effective January 1 through December 31, 1986, benefits to a surviving spouse, children and other dependents of any worker whose death occurred prior to April 1, 1985 increase by 11.9 per cent, which includes the 1.7 per cent indexation.

Survivors' benefits for dependents of any worker whose death occurred on or after April 1, 1985 are indexed as well. Monthly pensions paid to these surviving dependents are adjusted each January in the same way as compensation paid to injured workers whose injury or disease occurred on or after April 1, 1985.

The dollar amount of the survivor's lump sum award is adjusted annually and is awarded at the amount established in the year in which the death occurred. ■

For more detailed information on these amendments, contact the Workers' Compensation Board's Communications Division, 2 Bloor Street East, Toronto, Ontario, M4W 3C3, (416) 927-3500.

Modified Work — Injured Workers

Back on the Job

by Boyd Neil

8

When an injured worker has been off the job for an extended period of time, the transition back to work can be difficult. He or she may be physically unprepared for a full workday and may feel emotionally distant from co-workers, among other problems.

For these and other reasons, a growing number of forward-thinking companies in Ontario are doing something about it — with the support and encouragement of the Workers' Compensation Board.

Modified work programs are a valuable means of returning injured workers to employment as soon as possible after an occupational accident or disease. Whether the worker is permanently disabled, or simply ready to ease back into a full work schedule after a lengthy recuperation at home or in hospital, the program's goal is the same — to place workers in jobs they are able to perform, given their medical limitations at the time.

In doing so, modified work programs help alleviate the stress felt by individuals and their families after a long period of unemployment and provide encouragement to workers whose self-esteem may dwindle with the length of the layoff. They are also of benefit to employers, because they make use of resources which would otherwise remain idle.

Inco Ltd. in Sudbury is a good case in point. The mining company has a two-part modified work program — one to place permanently disabled workers in permanent modified work, and another which offers employees temporary modified work. Both operate with the co-operation of the union at Inco, the United Steelworkers of America.

Their goal, says J. J. Corrigan, Inco's senior claims administrator for the Ontario division, is "to place partially disabled employees in gainful and essential job categories which are compatible with their disability and with the extent of their abilities."

With respect to permanent modified work, Inco has identified certain jobs that can be handled by partially disabled workers as the opportunity arises — workers, for example, who suffer from occasional recurrent back problems as a result of a work injury. These jobs could include cleaning service staff, or other positions such as drymen.

Modified work centre

In addition, 30 people work in Inco's modified work centre. It is a unique facility which employs only permanently, partially disabled workers in essential repair and maintenance jobs, which can accommodate workers' specific disabilities. Many tasks which were previously contracted out — such as refitting pipes or repairing compressors — are now completed in the work centre. Inco saves money, and the senior workers there earn the satisfaction of working both productively and gainfully.

A specific program providing temporary modified work has been in operation at Inco since early 1983. It was set up in co-operation with Lynda Bogdan, a vocational rehabilitation counsellor at the Workers' Compensation Board's Sudbury regional office. The premise which gave rise to this work adjustment program, says Corrigan, is that "the longer a worker stays off work, the more difficult he or she will be to rehabilitate."

Inco's work adjustment program is structured so that managers can assess — usually for a four- to eight-week period — the ability of an injured worker to perform a specific job. At the same time, the injured worker tests his or her own ability to work in a less demanding work environment.



"Our hope is that a manager will realize he needs a person in the temporary job after he or she has been there for some time," says Corrigan. "At the same time, the injured worker is building confidence in his physical and mental abilities, in preparation for a return to permanent employment."

For example, André, a utility driller at the company's Stobie Mine, suffered a back injury which prevents him from performing repetitive trunk movements or lifting weights over 16 kilograms. While on workers' compensation, he expressed displeasure at being inactive and feeling in a rut.

Through Inco's work adjustment program, André was given a temporary surface job as a janitor. His new supervisor was impressed with his performance and offered him ongoing temporary work. André also received a permanent job offer at the Stobie Mine, and is now underground again in a modified work situation.

Workers permanently placed

The success of Inco's modified work adjustment program is evident from the number of people who have been successfully placed — that is, injured workers who have been permanently transferred into the job they were temporarily doing. Since 1983, 180 workers have participated in the program, of which 61, or 33.9 per cent, were permanently placed either as a direct or indirect result of the program.

While the program does not guarantee the permanent placement of injured workers, it gives them a chance to get out of the home and back into a work situation long enough to regain confidence and develop a better understanding of their own limitations and capabilities.

The work adjustment program also saves Inco money — for one, by reducing benefit payments and increased workers' compensation costs. "Besides," Corrigan adds, "the job gets done and it gets done well."

At Ford of Canada's Assembly Plant in St. Thomas, Ontario, a modified work program with a different aim commenced in August, 1985. The program was recommended to Ford by Phyllis Walzak, a vocational rehabilitation counsellor at the Board's London regional office.

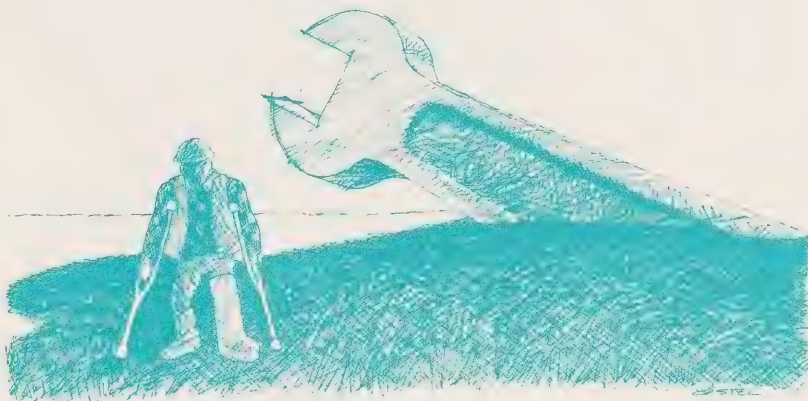
A company/union job placement team helps injured workers with medical restrictions find jobs that will enable them to gradually build up to working a normal work week. The team consists of company benefits co-ordinators Brenda Cole and Mark Helm, and the president of United Auto Workers (UAW) Local 1520, Donald Richardson.

The goal at Ford is for the injured worker to be placed temporarily in a modified job, thereby facilitating the transition back to normal work. To

this end, injured workers with medical restrictions — with the help of the job placement team — canvass the St. Thomas plant for jobs which they believe fit their skills and physical limitations.

Their job lists are then submitted to Cole who, in consultation with the plant's medical department, assesses the medical suitability of each worker to the jobs they have chosen, thus ensuring the worker is physically able to do the job. In addition, Ford and the UAW have been expending considerable effort to determine ways to reconcile the specific physical limitations of injured employees with appropriate jobs.

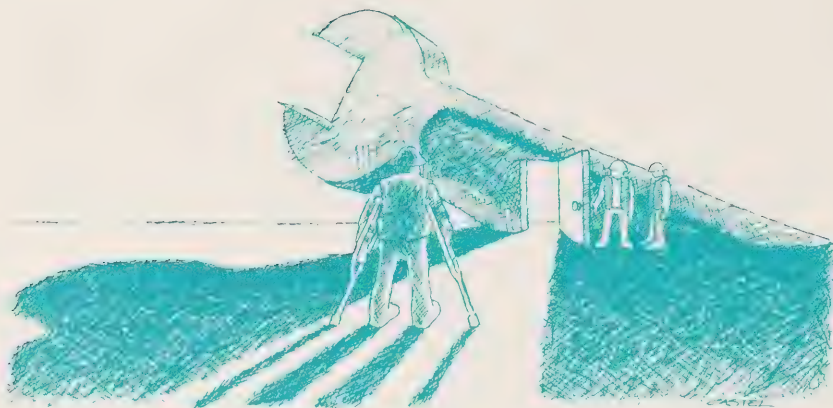
"The intent is to return injured workers to gainful employment as soon as possible after their accident," explains Helm. "We don't tailor-make jobs for them, but each of our job classifications is broad enough so that an injured worker who needs a different type of job can usually find one in his or her classification."



The injured worker is paid the negotiated rate for the job as soon as he or she occupies it; there is no reduction in wages due to the worker's physical restrictions. In some cases of permanent disability, the Workers' Compensation Board will pay the wage differential, if any, between an injured worker's pre-accident and post-accident job.

The job placement program was implemented following 1982 negotiations. Its purpose was to jointly address and eliminate placement abuses and the unnecessary costs associated with abuses of workers' compensation and the company's sickness and accident benefit programs.

UAW Local 1520 fully supports the program, says Richardson. "It is a team effort in finding jobs for these workers. We are satisfied that there is no intention of letting one employee use a medical disability as a way of replacing a non-disabled, more senior employee." Richardson says he speaks for the shop floor when he describes Ford's job placement program as a model of how a company and union can work together to help injured workers. "On this committee we talk about *our* employees."



The St. Thomas plant, which manufactures the Ford Grand Marquis and Crown Victoria, employs approximately 3,400 workers on two shifts. With a healthy growth in the Canadian economy since the recession of 1982, the plant is working at full capacity — 10-hour shifts Monday through Thursday and eight-hour shifts on Friday.

The job placement team has placed more than 40 injured workers since the restructuring of the job placement program last August. Of these employees, 12 have been placed using the Workers' Compensation Board's vocational training/assessment program.

Company and employees benefit

While the modified work programs at Inco and Ford are different in execution, they are similar in purpose and philosophy. Both companies recognize that there are tangible benefits — to the company and its workers — to getting injured workers back to work as soon as they are physically and emotionally able after an accident or industrial disease.

The company gets skilled workers back on the job, thereby maintaining high productivity levels; eliminating the cost of training new workers; reducing compensation costs; facilitating access to rehabilitated worker assistance programs offered by the Workers' Compensation Board; and adding immeasurably to a sense of well-being, security, and goodwill among all employees.

At the same time, injured workers benefit from a prompt return to work, which encourages speedier rehabilitation and helps them maintain their dignity and self-respect. It also keeps them in touch with co-workers, reduces the sense of estrangement which can attend a return to work after a long absence, alleviates the impact on family, and keeps to a minimum the time needed to return to full working capacity.

The Workers' Compensation Board's vocational rehabilitation services can provide recommendations to employers and unions on how to jointly create an effective modified work program in large and small companies alike. The first step, say

the specialists, is to establish, where necessary, a union/management committee with responsibility for defining appropriate modified work and for reviewing each injured worker's situation on a regular basis.

The second step is for the joint committee to define jobs appropriate for modified work; that is, jobs which are productive, which don't expose the worker to hazards or conditions which might aggravate the injury, and which an injured worker can be trained to perform safely.

Step three involves ensuring that part-time positions are available for those unable to manage a complete shift and that there is medical and vocational support to assess the worker's ability to perform required duties. Opportunities for general physical conditioning should also be provided, where possible, to workers who have been away from work for a prolonged period.

Vocational rehabilitation staff at Board offices are available to help review and select appropriate positions for injured workers, with the aid of ergonomic techniques. They can also arrange for Board-sponsored assessment periods, during which the Board pays an injured worker's wages for four to six weeks, and for training-on-the-job programs, in which the Board and the employer share the costs.

As Richardson of the UAW concludes, "Modified work programs can be tailored to suit the needs of many companies." They require only a spirit of co-operation and a respect for the abilities of injured workers, rather than a preoccupation with their disabilities. ■

For more information on modified work programs, contact:

Paul Dunn, Employment Services
Workers' Compensation Board
2 Bloor Street East
Toronto, Ontario
M4W 3C3
(416) 927-4154;

- or the Board's regional office in London (519) 663-2331, or Sudbury (705) 675-9301.

contact avec leurs collègues, ils n'éprouvent pas de façon marquée le sentiment d'isolement qui est fréquent lorsqu'un travailleur retourne au travail après une longue absence, et le délai nécessaire avant de recommencer à travailler dans des conditions normales est réduit au minimum. Les services de réadaptation professionnelle de la Commission des accidents du travail peuvent recommander aux employeurs et aux syndicats des méthodes de création à l'aide d'un programme de travail modifié efficace, que ce soit pour une valleur à des dangers ou ne le placent pas dans des situations susceptibles d'aggraver son état et qu'un travailleur blessé peut apprendre à exercer en toute sécurité.

En troisième lieu, il faut s'assurer qu'il existe des postes à temps partiel pour ceux qui ne peuvent pas assurer un horaire complet et que les travailleurs soient suivis médicalement et professionnellement pour leur permettre d'accomplir les fonctions de l'emploi. Il est souhaitable, dans la mesure du possible, que les travailleurs qui ont été absents pendant longtemps aient accès à des installations de culture physique. Les agents de réadaptation professionnelle des bureaux régionaux de la Commission peuvent aider les intéressés à évaluer et à sélectionner les postes qui conviennent aux travailleurs blessés selon des techniques fondées sur l'ergonomie. Ils peuvent aussi prévoir des périodes d'évaluation pendant lesquelles la Commission prend en charge la rémunération du travailleur pendant six à huit semaines et des programmes de formation en cours d'emploi dont les frais sont assumés par la Commission et par l'employeur. En conclusion, M. Richardson des TVA déclare: "Les programmes de travail modifié peuvent être établis en fonction des besoins de bien des entreprises". Il faut surtout faire preuve d'esprit de collaboration et apprécier les capacités des travailleurs blessés au lieu de se préoccuper uniquement de leur invalidité. ■

Pour plus de précisions sur les programmes de travail modifié, s'adresser à :

Paul Dunn, Services de placement
Commission des accidents du travail
2, rue Bloor Est
Toronto (Ontario)
M4W 3C3
(416) 927-4154;
- ou au bureau régional de la Commission à London
(519) 663-2331 ou à Sudbury (705) 675-9301.



puisse profiter de son incapacité physique pour remplacer un employé qui ne serait pas frappé d'incapacité et qui aurait plus d'ancienneté". M. Richardson déclare parler au nom de tous les travailleurs lorsqu'il décrit le programme de placement de Ford comme un parfait exemple de collaboration entre une société et un syndicat dans l'intérêt des travailleurs blessés. "Dans le cadre de ce comité, nous parlons de nos employés".

L'usine de St. Thomas, qui fabrique le modèle Grand Marquis et Crown Victoria, compte environ 3 400 travailleurs répartis en deux équipes. Comme l'économie canadienne connaît une saine croissance depuis la récession de 1982, l'usine tourne à plein rendement — la semaine de travail est composée de quatre journées de 10 heures de travail, du lundi au jeudi, et d'une journée de 8 heures le vendredi.

Grâce au programme de placement on a réussi à affecter plus de 40 travailleurs blessés à des postes de travail modifié. Sur ces 40 travailleurs, 12 ont été placés au programme de formation de la Division de la réadaptation professionnelle de la Commission des accidents du travail.

Un atout pour les travailleurs et l'entreprise

Bien que sur le plan de la réalisation pratique les programmes de travail modifié d'Inco et de Ford soient différents, ils procèdent de la même philosophie. Les deux sociétés reconnaissent qu'il est dans leur intérêt comme dans celui des travailleurs que les victimes d'un accident du travail ou d'une maladie professionnelle retournent au travail dès qu'ils en sont physiquement et mentalement capables.

Lorsque, grâce au programme, la société facilite la réinsertion de travailleurs qualifiés, elle maintient un niveau de productivité élevé, elle réduit les coûts d'indemnisation, elle élimine les frais irrécupérables de formation de nouveaux travailleurs, elle facilite l'accès aux programmes d'aide aux travailleurs réadaptés de la Commission des accidents du travail et elle renforce considérablement le sentiment de satisfaction et de sécurité de tous les employés, ainsi que leur bonne volonté.

De leur côté, les travailleurs peuvent retourner rapidement au travail, ce qui accélère leur réadaptation avec un maximum de dignité et d'amour-propre. Comme ils ont l'occasion de rester en

"Nous espérons qu'un chef de service aura ainsi l'occasion de se rendre compte qu'il a besoin de cette personne qui a occupé un emploi temporaire pendant un certain temps", déclare M. Corrigan. "Le travailleur blessé a aussi de son côté l'occasion de reprendre confiance en ses capacités physiques et intellectuelles en prévision d'un retour à un poste permanent".

Preignons le cas d'André qui était foreur à la mine de Stobie de la société. Des maux de dos l'ont empêché de faire des mouvements répétitifs du tronc et de soulever des poids de plus de 16 kilogrammes. Au cours de la période d'indemnisation, il a manifesté son insatisfaction due à son inactivité et à son ennui.

Dans le cadre du programme de réadaptation professionnelle d'Inco, on a affecté André temporairement à un poste de gardien en surface. Son superviseur ayant été impressionné par son travail, il lui a proposé de continuer à travailler à un poste temporaire. Mais comme André s'est aussi vu offrir un emploi permanent à la mine de Stobie, il est retourné sous terre dans le cadre du programme de travail modifié.

Des travailleurs occupent des postes permanents

Le nombre des travailleurs qui ont été affectés avec succès dans le cadre du programme de réadaptation professionnelle par le travail modifié d'Inco prouve la valeur de ce programme — il s'agit de travailleurs blessés qui ont été affectés de manière permanente aux postes qu'ils occupaient temporairement. Depuis 1983, 180 travailleurs ont participé au programme et, sur ce nombre, 61, soit 33,9 pour cent, ont été affectés de manière permanente en conséquence directe ou indirecte du programme.

Bien que le programme n'offre pas de garantie d'affectation permanente des travailleurs blessés, il leur donne l'occasion de sortir de chez eux pour revenir en milieu de travail pendant une durée suffisamment longue pour qu'ils reprennent confiance et se fassent une idée plus précise de leurs limites et capacités.

Le programme de réadaptation professionnelle permet à Inco de réaliser des économies, ne serait-ce qu'en réduisant les indemnités et les coûts d'indemnisation. "En outre", ajoute Corrigan, "le travail se fait et même se fait bien".

À l'usine canadienne de montage Ford à St. Thomas (Ontario), un autre programme de travail modifié visant un objectif différent du précédent a été lancé en août 1985. Le programme a été recommandé à Ford par Phyllis Walzak, agent de réadaptation professionnelle du bureau régional de la Commission à London.

L'équipe de placement des travailleurs composée de représentants de la société et du syndicat aide les travailleurs blessés, dont la capacité de travail est limitée pour des raisons médicales, à trouver l'emploi qui leur permettra de progresser vers une semaine de travail normale. L'équipe comprend les coordonnateurs des avantages sociaux de la société, Brenda Cole et Mark Helm, et le président de la section locale 1520

des Travailleurs unis de l'automobile (TUA). Donald Richardson, L'objectif du programme chez Ford vise l'affectation temporaire du travailleur blessé à un nouveau travail "modifié" afin de faciliter son retour à un travail régulier. Ainsi, les travailleurs blessés dont les capacités sont limitées pour des raisons de santé essaient de découvrir avec l'aide de l'équipe de placement, les emplois qui, à l'usine de St. Thomas, leur paraissent correspondre à leurs compétences et à leurs limites physiques.

Les listes d'emplois sont ensuite soumises à Brenda Cole qui, en consultation avec le service médical de l'usine, détermine si chaque travailleur peut, du point de vue médical, occuper les emplois qu'il a choisis. En outre, la société Ford et les TUA ont déployé des efforts considérables pour trouver le moyen d'arriver à un appartement satisfaisant entre les limites physiques particulières des travailleurs blessés et les emplois appropriés.



"On cherche le moyen d'aider les travailleurs blessés à recommencer à occuper un emploi rémunéré dans les plus brefs délais après l'accident", explique M. Helm. "Nous ne créons pas d'emplois sur mesure pour eux, mais comme nos catégories d'emplois sont vastes, le travailleur blessé qui doit chercher un nouvel emploi en trouve généralement un dans son secteur".

Dès le départ, le travailleur blessé est rémunéré au taux négocié pour l'emploi. Les restrictions physiques du travailleur n'entraînent pas de réduction de salaire. Dans certains cas, la Commission des accidents du travail paie la différence salariale, s'il en est, entre ce que gagnait le travailleur avant l'accident et ce qu'il touche après.

Le programme de placement a été créé à la suite des négociations de 1982. Son objectif vise à éliminer les abus en matière de placement et les coûts superflus des indemnités versées par la Commission des accidents du travail et des prestations d'assurance payées par la société en cas de maladie ou d'accident.

La section locale 1520 des TUA appuie sans réserve le programme, déclare M. Richardson. "C'est par la collaboration que l'on trouve des emplois à ces travailleurs. Nous sommes convaincus qu'il n'est pas question qu'un employé

Inco Ltée de Sudbury nous en fournit un excellent exemple. La société minière a établi un programme de travail modifié qui offre deux possibilités. En effet, les travailleurs atteints d'invalidité permanente sont affectés à un travail modifié permanent ou peuvent obtenir un travail modifié temporaire. Ces deux aspects du programme sont approuvés par les Métallurgistes unis d'Amérique, le syndicat des travailleurs chez Inco.

D'après J. J. Corrigan, administrateur principal de l'Ontario, l'objectif est "d'affecter les employés partiellement invalides à des postes rémunérés et importants qu'ils sont en mesure d'occuper compte tenu de leur invalidité et de leurs capacités". Dans le cadre du programme de travail modifié permanent, Inco a identifié certaines tâches qui peuvent être effectuées par des travailleurs atteints d'invalidité partielle — par exemple, des travailleurs qui à la suite d'un accident du travail souffrent occasionnellement de maux de dos. On trouve, entre autres, des postes dans les services d'entretien général ou des postes de blanchisseur.

Centre de travail modifié

En outre, 30 personnes travaillent au centre de travail modifié d'Inco. Cette installation unique en son genre n'emploie que des travailleurs atteints d'invalidité partielle et permanente. Ces travailleurs sont affectés à des travaux de réparation et d'entretien en fonction de leur invalidité particulière. De nombreux travaux qui étaient confiés à des sous-traitants comme le remontage de tuyauterie ou la réparation des compresseurs, se font maintenant intégralement au centre. Inco réalise des économies et les travailleurs qui ont de l'ancienneté y trouvent la satisfaction qu'apporte un travail productif et rémunéré.

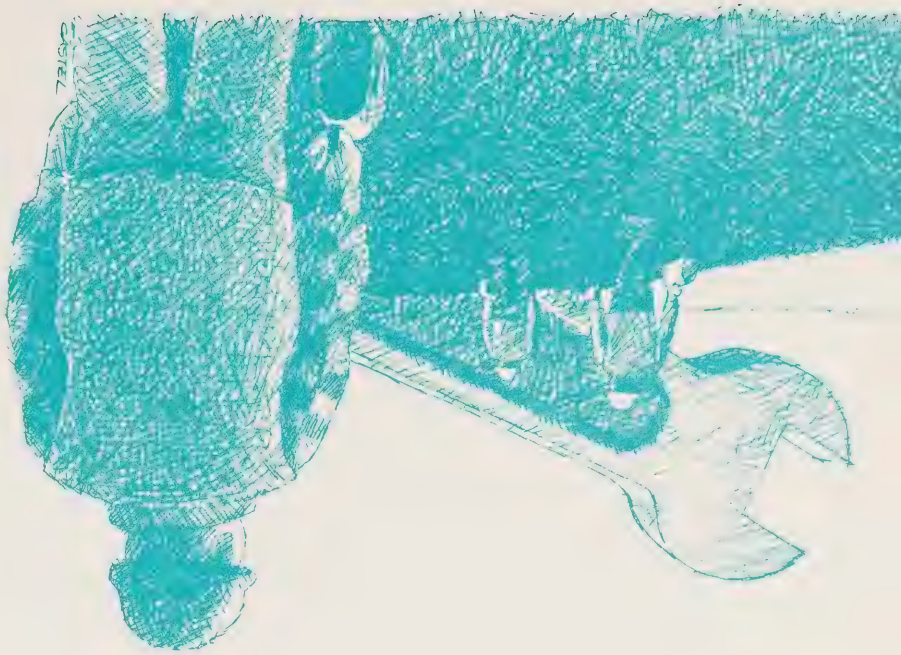
Dès le début de 1983, Inco a mis en place un programme de travail modifié temporaire. Il a été établi avec la collaboration de Lynda Bogdan, agent de réadaptation professionnelle du bureau régional de Sudbury de la Commission des accidents du travail. D'après M. Corrigan, un tel programme de réadaptation professionnelle a été proposé car "plus l'absence du travail est longue plus la réadaptation est difficile".

Le programme de réadaptation professionnelle d'Inco est structuré de manière à permettre aux chefs de service d'évaluer, en principe en quatre à huit semaines, la capacité d'un travailleur blessé d'effectuer un travail donné. Au cours de ce délai, le travailleur a aussi l'occasion de déminer s'il est capable de travailler dans des conditions moins rigoureuses que la normale.

La réinsertion du travailleur après un arrêt de travail prolongé pour cause de blessure peut poser des problèmes. Il peut, notamment, ne pas avoir la force nécessaire pour faire des journées de travail complètes ou encore ne pas sentir à l'aise avec ses camarades de travail. Ces raisons, et bien d'autres encore, ont incité un nombre croissant de sociétés ontariennes avant-gardistes à s'attaquer au problème avec l'aide et l'appui de la Commission des accidents du travail.

Les programmes de travail modifié facilitent la réinsertion dans d'aussi brefs délais que possible des travailleurs victimes d'un accident du travail ou d'une maladie professionnelle. Que le travailleur soit atteint d'une invalidité permanente ou qu'il soit en mesure de reprendre progressivement le travail pour arriver à un horaire complet après une longue convalescence à l'hôpital ou à la maison, l'objectif du programme est le même : affecter le travailleur à un poste qui lui convienne compte tenu de ses limites du moment dues à son état de santé.

Les programmes de travail modifié permettent ainsi d'alléger le stress que ressentent les travailleurs et leur famille après une longue absence du travail; ils encouragent aussi les travailleurs qui ont pu se sentir dévalorisés à la suite d'un arrêt de travail prolongé. Ils présentent aussi un intérêt réel pour l'employeur puisqu'ils permettent l'utilisation de ressources qui autrement resteraient inexploitées.



Autres personnes à charge	Montant calculé par la Commission en fonction de la perte financière de la personne. Maximum de 717,28 \$ par mois à compter du 1 ^{er} janvier 1986	75 % des gains moyens pendant la durée de l'invalidité - minimum 15,20 \$ par semaine - ou gains	Accidents survenus avant le 1 ^{er} avril 1985.
Indemnité d'invalidité totale temporaire			

Le rajustement des indemnités

Si l'accident est survenu le 1^{er} avril 1985 ou après cette date, les gains moyens nets des travailleurs sont calculés à nouveau en soustrayant de leurs gains moyens rajustés les retenues fiscales éventuelles, les cotisations versées au Régime de pensions du Canada et à la Commission d'assurance-chômage pour l'année en question. Les indemnités sont payées aux travailleurs à raison de 90 pour cent de leurs gains moyens nets.

Les survivants à charge

Les survivants à charge d'un travailleur décédé avant le 1^{er} avril 1985 bénéficieront également d'un rajustement annuel de leur pension calculé en fonction de l'évolution de l'indice des prix à la consommation.

Les indemnités versées au conjoint, aux enfants et autres personnes à charge d'un travailleur décédé avant le 1^{er} avril 1985 ont été augmentées de 11,9 pour cent, y compris l'indexation de 1,7 pour cent, pour la période allant du 1^{er} janvier au 31 décembre 1986.

Les indemnités aux survivants à charge d'un travailleur décédé le 1^{er} avril 1985 ou après cette date seront également rajustées. Leur pension mensuelle sera rajustée en janvier selon la méthode utilisée pour calculer les indemnités des travailleurs ayant subi un accident ou contracté une maladie professionnelle le 1^{er} avril 1985 ou après cette date.

Le montant forfaitaire accordé au conjoint survivant est révisé chaque année. Le montant effectivement versé est celui établi au cours de l'année du décès. ■

Pour de plus amples renseignements concernant ces modifications, veuillez communiquer avec la Commission des accidents du travail, Division des communications, 2, rue Bloor Est, Toronto, Ontario M4W 3C3. Numéro de téléphone (416) 927-3500.

Une série de modifications apportées à la Loi sur les accidents du travail, en décembre 1985, ont trait au rajustement des indemnités de la Commission des accidents du travail.

Conformément à la nouvelle loi, les indemnités de la Commission des accidents du travail seront annuellement rajustées le 1^{er} janvier pour tenir compte de l'augmentation du coût de la vie au cours de l'année précédente. À compter du 1^{er} janvier 1987, le coefficient d'indexation servant au rajustement des indemnités sera fonction de l'évolution de l'indice des prix à la consommation au cours des 12 mois se terminant le 31 octobre de l'année précédente. Au 1^{er} janvier 1986, le coefficient d'indexation a été fixé à 1,7 pour cent, compte tenu des rajustements apportés aux indemnités en vertu des modifications d'avril et de juillet 1985.

Augmentation des indemnités versées aux survivants

De plus, les indemnités versées en 1986 aux survivants à charge des travailleurs décédés avant le 1^{er} avril 1985 feront également l'objet d'une augmentation.

L'indexation annuelle s'applique aux montants visés par les modifications apportées à la Loi sur les accidents du travail en avril et en juillet 1985, y compris le plafond des gains assurables, les sommes forfaitaires versées au conjoint survivant, les allocations vestimentaires et l'allocation minimale pour frais funéraires. Les travailleurs dont la pension ou les indemnités d'invalidité temporaire continuent de leur être versées après le 31 décembre bénéficieront également d'un rajustement.

Rajustement des gains moyens

Au début de chaque année, les gains moyens des travailleurs seront rajustés pour tenir compte de l'augmentation du coût de la vie au cours de l'année précédente, que l'accident se soit produit avant ou après le 1^{er} avril 1985. Si l'accident est survenu avant le 1^{er} avril 1985, les indemnités sont payées aux travailleurs à raison de 75 pour cent de leurs gains moyens rajustés.

La sécurité au bout du fil grâce à CCINFO

utilisateurs d'obtenir rapidement des renseignements fondamentaux pendant que le personnel du Centre se consacre à des demandes plus complexes.

Mais les professionnels de la santé et de la sécurité ont souvent besoin de données qui sortent du cadre du simple enseignement. Comme l'explique Robert Dell, président de Dell Chemical Corporation à London, ils ont parfois besoin d'aide pour interpréter des données. Son entreprise effectue des tests pour de petites fournitures de produits chimiques et leur fournit des fiches techniques sur le danger des substances. Elle aide aussi d'autres entreprises à utiliser et à interpréter les données sur les dangers que présentent ces produits chimiques. "Comme les normes de présentation des données sur les produits chimiques ne sont pas toujours d'une très grande précision, pour les comprendre, il faut avoir recours à quelqu'un qui sait les interpréter", déclare M. Dell.

Le Centre canadien d'hygiène et de sécurité au travail, société de la Couronne installée à Hamilton, a conçu plusieurs bases de données pour répondre aux besoins du secteur de la santé et de la sécurité des travailleurs dans notre milieu de travail toujours plus informatisé.

Le système d'information automatisé du Centre, CCINFO, comprend sept bases de données. Deux banques de données bibliographiques, CISLO et NIOSHTIC (provenant du National Institute for Occupational Safety and Health, NIOSH), sont une source de références à des ouvrages, articles, textes inédits sur des produits chimiques, dangers et autres questions.

La banque de données ICED (Information chimique en direct) comprend NOMS DE MARQUE (NM), elle donne des renseignements sur les produits chimiques employés au Canada qui sont extraits des fiches techniques sur la sécurité des substances fournies par les fabricants. Elle comprend aussi INFOCHEM, qui renferme des renseignements sur les substances chimiques pures, les produits naturels et les mélanges résultant de traitements industriels.

Citons aussi ETUDES, une base de données qui est un registre à jour des études canadiennes sur la santé et la sécurité au travail. La base de données des ORGANISMES donne la liste des organismes canadiens s'occupant de santé et sécurité au travail et PERSONNES-RESSOURCES est un répertoire électronique des Canadiens qui s'occupent de ce même domaine.

Un simple appel téléphonique permet d'accéder au système. Il suffit de posséder un ordinateur ou une machine de traitement de texte, un logiciel de communication et un modem pour transmettre et recevoir les données électroniques par téléphone. Ce service est gratuit, mais l'utilisateur doit payer les frais d'appels. Le Centre enseigne gratuitement le mode d'utilisation du système.

Grâce à la nouvelle banque de données RTECS, les utilisateurs auront gratuitement accès à des données sur 60 000 produits chimiques compilés par l'institut NIOSH. L'accès en direct à toutes les publications de l'Association canadienne de normalisation se fera au moyen de la base de données ACNOR. Et d'ici 1987, les professionnels de la santé et de la sécurité au travail auront accès à CANADIANA, une base de données sur les publications canadiennes de la bibliothèque du Centre, à JURISPRUDENCE pour les textes juridiques et les précédents, ainsi qu'à AUTORITÉS qui indique aux novices ce qu'il est indispensable de lire pour en savoir plus long sur la santé et la sécurité au travail.

Le Centre canadien d'hygiène et de sécurité au travail prépare aussi actuellement un ensemble de systèmes d'information, appelé "PREVENTION DES CHUTES". Il est mis au point en collaboration avec un expert de réputation mondiale sur la prévention des chutes et la protection des travailleurs contre le risque de chute (Andrew C. Sulowski de la division de la recherche de l'Hydro Ontario). Grâce à ce programme "les connaissances de Sulowski seront préservées à jamais", déclare avec enthousiasme Paul Hurly, agent d'information et de formation du Centre. En outre, l'ordinateur peut effectivement concevoir un programme individualisé de prévention des chutes en appliquant l'expertise de Sulowski à certaines réactions des utilisateurs.

Plusieurs brochures électroniques ont été préparées à titre d'essai sur des sujets comme l'amiante, la sécurité et le creusage, l'analyse des produits chimiques, et la santé et la sécurité en agriculture. Ces brochures sont très instructives pour les travailleurs comme pour les professionnels de la santé et de la sécurité; elles combinent des dessins animés originaux, des représentations graphiques par ordinateur et des textes instructifs. ■

Pour plus de renseignements sur les services informatiques offerts par le Centre, s'adresser aux Services en direct, Services des systèmes informatisés, Centre canadien d'hygiène et de sécurité au travail, 250, rue Main Est, Hamilton (Ontario) L8N 1H6. Ou appeler sans frais le 1-800-263-8276.



Liam Sharp

Il faut être réaliste; si les professionnels de la santé et la sécurité au travail ont déjà du mal à bien gérer un système d'enregistrement des données et à se tenir au courant des nouvelles, comment pourraient-ils trouver le temps d'identifier et d'appliquer de nouveaux programmes sur la santé et la sécurité au travail? Grâce aux systèmes informatiques, le travail est plus facile, plus précis et plus approfondi. Ils permettent aussi de réduire considérablement le temps consacré aux calculs qui ont trop souvent tendance à cloquer ces professionnels à leur bureau.

On peut certainement affirmer que les ordinateurs et leurs logiciels seront, comme Dotasco l'a constaté, aussi précieux pour la santé et la sécurité des travailleurs que le bon vieux stéthoscope du médecin. ■

ville, c'est vraiment une affaire." Il reconnaît qu'il a fallu commencer par faire un travail colossal de compilation des stocks de produits chimiques. Pour le seul service des Parcs, des produits chimiques sont entreposés dans 300 endroits différents.

Les inventaires informatisés

Grâce à l'informatisation du stock, les travailleurs de la ville peuvent plus facilement éviter d'entreposer par erreur des substances inflammables à proximité d'appareils de chauffage au kérosène ou dans d'autres conditions créant un risque d'incendie, et faire en sorte que toutes les substances dangereuses soient manipulées en toute sécurité. L'ordinateur facilite aussi la recherche des fiches techniques sur la sécurité des substances préparées par différentes entreprises de produits chimiques. "On dresse une liste informatisée des produits dont la description n'a pas été fournie par les fabricants", explique Renaud, "puis on imprime des lettres de rappel destinées à ces fabricants. Nous n'avons jamais à retaper les lettres, c'est le système qui s'en charge automatiquement".

Renaud et ses collègues du domaine de la sécurité au travail se servent des ordinateurs pour "produire des rapports en un rien de temps" depuis trois ans. D'ailleurs, la ville de Toronto est en train de mettre au point son propre logiciel de traitement des statistiques sur les blessures.

Certaines sociétés créent leurs propres logiciels mais on peut aussi acheter des programmes spécialisés. Le programme SYSTEMS PRO de Levitt-Safety (coûtant de 4 000 \$ à 10 000 \$) est entièrement intégré et permet le traitement d'une vaste gamme de problèmes de santé et de sécurité au travail.

OHS, la société d'Adrienne Whyte qui est installée aux États-Unis, a récemment ouvert un bureau à Toronto. La gamme des produits d'OHS est complète; cette société offre aussi bien un système entièrement intégré comportant un ordinateur central et des ordinateurs personnels (110 000 \$ US) qu'un logiciel permettant d'enregistrer des données sur l'activité auditive des employés (7 500 \$ US).

Ces programmes sont compatibles avec l'IBM PC et quelque 22 mini-ordinateurs et gros ordinateurs. Comme pour les logiciels de Levitt-Safety, l'utilisateur n'a pas besoin de s'y connaître en informatique. Il existe d'autres logiciels mis au point aux États-Unis et d'un prix comparable comme Flow Gemini qui est entièrement intégré et SunHealth ou COHESS; d'autres comme ETHOS et DEChealth coûtent environ 50 000 \$ US en version complète.

Le Dr Jack Richman, directeur des services médicaux de Goodyear Canada à Toronto, attend avec impatience de pouvoir se servir de son ordinateur personnel pour établir, entre autres, un système de rendez-vous efficace et préparer des formulaires médicaux. En outre, les professionnels de la santé pourront facilement obtenir des renseignements médicaux sur les travailleurs des usines Goodyear.

Ils pourront comparer les courbes de tension artérielle du personnel dans leur propre usine avec celles des autres 6 000 employés de Goodyear. Le Dr Richman souhaite pouvoir utiliser prochainement le système de dossiers médicaux d'OHS pour surveiller les programmes de santé des nouveaux employés, comme ceux de culture physique, pour déterminer leur incidence sur la santé des travailleurs.

Selon le Dr E. S. Gibson, qui est directeur des services médicaux chez Dofasco Inc. à Hamilton, la société a commencé sa recherche d'un système automatisé pour ses spécialistes de la santé il y a 10 ans. "Notre problème ne portait pas sur les dossiers médicaux car nous disposions de tableaux de données médicales appropriés", explique-t-il. Nous recherchions plutôt pour notre médecine du travail, le moyen de mettre en corrélation les données sur l'hygiène, la sécurité, le personnel et les dossiers médicaux, et de les regrouper."

D'innombrables produits chimiques

"Certains travailleurs sont exposés à toutes sortes de produits chimiques. Par conséquent, il est difficile de savoir quels travaux ils effectuent pendant combien d'heures et quel est le degré d'exposition aux substances", déclare le Dr Gibson. Comme nous avons 12 000 employés, il faudrait plusieurs semaines au moins pour trouver la réponse à une simple question d'épidémiologie.

Le Dr Gibson considère que grâce aux nouveaux modules utilisés par Dofasco et conçus par OHS, l'ordinateur va rapidement devenir un outil indispensable à tous ses 48 employés, qu'ils soient employés de bureau, médecins, infirmières ou techniciens de laboratoire. "Les médecins ne lui accordent pas moins d'importance qu'à leur stéthoscope", dit-il.

Les entreprises de petite taille n'ont pas besoin d'un système de l'envergure de celui qu'utilise Dofasco pour surveiller la santé des employés et les conditions de sécurité au travail, mais si elles possèdent un ordinateur personnel, elles peuvent profiter des bases de données que fournit le Centre canadien d'hygiène et de sécurité au travail de Hamilton. Le Centre fournit un service de renseignements par téléphone et il a mis au point un service de renseignements en direct sur la santé et la sécurité au travail, le CCINFO. Ces bases de données permettent aux



Les ordinateurs pourraient bien devenir aussi indispensables pour la santé et la sécurité des travailleurs que le bon vieux stéthoscope du médecin.

La Commission des accidents du travail dispose actuellement de quatre systèmes informatiques utilisables par les associations: Noms et adresses, Bilan des accidents de l'entreprise, Coût des accidents et la CAT.

Le système Noms et adresses permet au CUSSCO et aux associations pour la sécurité d'identifier instantanément toutes les entreprises qui appartiennent à leur organisme. Le système Bilan des accidents de l'entreprise fournit aux conseillers un résumé d'une page des données sur les accidents enregistrés dans une entreprise et dans un groupe de taux. À l'aide d'un ordinateur personnel, M. Kennedy déclare avec enthousiasme: "le conseiller en sécurité obtiendra des rapports sur les besoins spécifiques de l'entreprise et aura accès à des données parfaitement à jour en quelques secondes."

Le système Coût des accidents de la Commission fournit des précisions sur chaque demande d'indemnisation présentée par une entreprise au moyen du formulaire 7 (Avis d'accident) et un résumé du dossier destiné à l'entreprise et à son association pour la sécurité. Les associations peuvent également avoir accès aux statistiques sur les blessures grâce aux statistiques de la CAT qui ont été établies par le Secrétaire à la planification de la politique de la Commission.

M. Kennedy pense qu'un jour, les conseillers en sécurité des associations seront tous munis d'ordinateurs portatifs et de téléphones cellulaires. "Ils téléphoneront pour obtenir les données à jour sur une entreprise avant de s'y rendre. Puis, après la visite, ils prépareront leur rapport et leurs recommandations au moyen de leur ordinateur et le tout sera transmis par téléphone le même jour à l'ordinateur central."

La Commission prépare aussi un programme pilote en collaboration avec la société General Motors du Canada Ltée qui permettra de relier de nombreuses entreprises relevant de l'annexe 1 directement à l'ordinateur de la Commission. En cas d'accident, l'entreprise pourra obtenir par ordinateur le formulaire 7 (Avis d'accident), entrer les données requises et transmettre directement par téléphone le formulaire rempli à l'ordinateur de la Commission. ■

**Grâce aux programmes
informatisés, les
professionnels de la
santé et de la sécurité
gagnent un temps
précieux.**



Dolbaso Inc.

Levitt est arrivée au bon moment sur le marché car il était alors tout aussi rébarbatif d'utiliser les premiers logiciels que de faire des calculs statistiques au moyen d'un calculateur et d'une règle à calcul et, de surcroît, ils coûtaient les yeux de la tête.

Pour Adrienne Whyte, la pionnière de l'information appliquée à la santé et la sécurité au travail depuis 1977, les logiciels sur la sécurité sont des logiciels de troisième génération. Avec la première génération, qui remonte aux années 1960, on faisait du traitement par lot au moyen de gros ordinateurs, dans le cadre d'études épidémiologiques, pour déterminer la toxicité d'un solvant industriel et les limites d'exposition sans danger. Mais rares étaient les entreprises qui pouvaient s'offrir des programmes aux applications aussi limitées.

La deuxième génération a vu le jour dans les années 1970 et au début des années 1980. Elle était axée sur les mini-ordinateurs importants et les gros ordinateurs traditionnels comme l'IBM 38 et ceux de la série VAX 11/700 de la Digital Equipment Corporation. Un tel système obligeait

les bureaux régionaux à entrer sans cesse en communication avec l'ordinateur central, ce qui n'était pas rentable pour la plupart des entreprises. L'avènement des ordinateurs personnels peu coûteux nous amène à la troisième génération. Les installations régionales peuvent traiter les données sur place et être quand même reliées à un réseau de communications, alors que le gros ordinateur du siège social se charge des analyses et mises en mémoire à long terme au cours des heures creuses, ce qui revient moins cher.

Grâce aux ordinateurs personnels et aux nouveaux logiciels, les moyennes entreprises peuvent se permettre de s'informatiser pour contrôler la santé et la sécurité de leur personnel. Ainsi, Levitt-Safety offre une gamme de logiciels et de logiciels sur mesure utilisables avec les ordinateurs compatibles avec l'IBM PC. Les prix vont de 795 \$ pour un programme de formation en cours d'emploi par ordinateur et des textes explicatifs, les travailleurs acquièrent des connaissances et sont testés sur les questions de sécurité propres à leur travail) jusqu'à 4 500 \$ pour des logiciels.

Un programme comme SAFETY PRO permet, par exemple, d'établir un fichier des accidents, de calculer les heures perdues et leur fréquence. D'autre part, M.S.D.S. PRO offre la possibilité à une entreprise de tenir à jour des fiches de données de sécurité sur le lieu d'entreposage des produits chimiques, les conditions de manipulation de ces produits et la quantité utilisée. Grâce à ce genre de programmes, les professionnels de la sécurité peuvent produire des statistiques et des rapports plus rapidement qu'auparavant.

Don Renaud, coordonnateur des questions de sécurité de la ville de Toronto déclare à propos du programme M.S.D.S. PRO de Levitt: "En tant que moyen abordable de contrôle rigoureux des substances dangereuses utilisées par la

L'informaticienne

au service de la santé

et la sécurité des travailleurs

par Marilyn Kay

Faites place Lotus 1-2-3, jazz et compagnie. Voici toujours plus nombreux conçus pour les professionnels de la santé et de la sécurité au travail. Ces programmes ne garantissent pas nécessairement la sécurité, mais ils aident certainement les professionnels de la santé et de la sécurité au travail à donner le meilleur d'eux-mêmes. Essayez donc d'imaginer, par exemple, le moyen de dresser des statistiques sur les blessures et les maladies sans fouiller dans des montagnes de dossiers. Le logiciel peut faire ce travail à votre place, calculer les pourcentages de variation et en donner une représentation graphique en moins de temps qu'il n'en faut pour entrer les chiffres dans la mémoire de l'ordinateur.

Le logiciel approprié peut enregistrer et surveiller les données sur les substances dangereuses et les taux d'exposition des employés à ces substances, aider à trouver les points faibles des programmes de sécurité au travail, tenir des dossiers, prendre des rendez-vous médicaux, et même fournir des conseils de sécurité et participer à la formation des travailleurs nouveaux ou anciens. Les ordinateurs et les logiciels toujours plus perfectionnés peuvent aider le professionnel de la santé et de la sécurité au travail à dépouiller une masse d'informations

Il faut reconnaître que les producteurs et vendeurs de logiciels ne s'intéressent que depuis peu au domaine de la santé et de la sécurité au travail. Ainsi, la société Levitt-Safety, qui se spécialise depuis plus de 50 ans dans des produits allant du simple pansement adhésif au camion de pompiers, s'est lancée dans les logiciels s'appliquant à la sécurité depuis deux ans seulement.

Des nouveaux logiciels

complexes avec une rapidité et une rigueur qu'aucune méthode traditionnelle ne peut égaler. Il reste que l'utilisation des ordinateurs dans le domaine de la sécurité et de la santé au travail est quelque chose de nouveau pour la plupart des spécialistes en la matière. D'ailleurs, "en général, le professionnel de la sécurité n'a jamais travaillé avec un ordinateur", déclare Bud Moulson, chef de produit chez Levitt-Safety Limited, une importante entreprise de distribution de matériel de sécurité installée à Toronto. "Cela est dû en partie au fait qu'un grand nombre de sociétés ne sont pas encore entièrement informatisées, et celles qui le sont n'ont pas dépassé le stade du traitement de texte et de la feuille de calcul électronique. Quand je présente nos programmes, ils sont toujours étonnés de constater qu'ils peuvent utiliser leurs ordinateurs à de nouvelles fins."

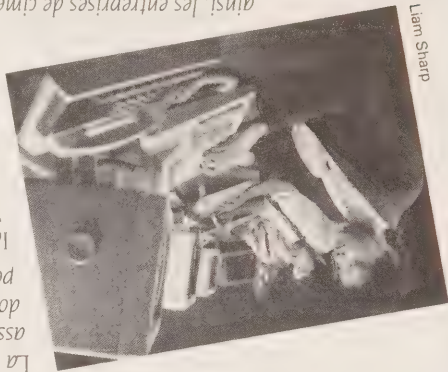
Lelaboration d'un réseau de renseignements informatisés sur la santé et la sécurité au travail par la Commission des accidents du travail (CUTSSCO) et les associations provinciales pour la sécurité relevant de l'Office d'information sur la santé et la sécurité de la Commission des accidents du travail (OISS).

La Commission installe actuellement des ordinateurs personnels dans les bureaux de toutes les associations pour la sécurité; ces ordinateurs seront reliés à ses ordinateurs de centralisation des données. Les associations seront ainsi dotées, entre autres, de moyens informatiques qui leur permettront de produire des rapports personnalisés pour des entreprises.

Ian Kennedy, spécialiste en planification des systèmes de l'OISS, explique que, par exemple, la Commission a de multiples rapports sur plusieurs entreprises. "Il s'ensuit que lorsqu'une association demande un rapport sur une entreprise, elle risque d'en recevoir plusieurs. Mais si l'association pour la sécurité dispose d'un ordinateur personnel, elle peut produire un seul rapport au lieu d'un par groupe de l'entreprise."

De plus, les associations pour la sécurité pourront aisément comparer les progrès des diverses industries faisant partie d'un même groupe de taux. "À l'heure actuelle, déclare M. Kennedy, on ne fait pas de distinction entre les entreprises appartenant à un même groupe de taux; ainsi, les entreprises de ciment préfabriquées sont groupées avec les entreprises de messageries et les ferrailleurs. L'ordinateur personnel permet de comparer les entreprises de ciment préfabriquées entre elles uniquement."

Chaque des associations pour la sécurité fera partie de ce réseau reliant les ordinateurs personnels à l'ordinateur central, mais la Commission prendra les mesures nécessaires pour protéger le caractère confidentiel des données. L'accès aux terminaux de la Commission sera limité et tout utilisateur devra d'abord entrer un numéro d'identification confidentiel et un mot de passe.



Liam Sharp

Le réseau
sécurité de
la CAT



Antonio Barone

devant le Tribunal d'appel", déclare M. Mandlowitz. "Nous offrons un service consultatif aux employeurs qui ont besoin de précisions sur le fonctionnement de la CAT et nous intervenons en leur nom."

Des problèmes de tout ordre

Les problèmes peuvent être de tout ordre qu'il s'agisse d'un malentendu au sujet d'une communication écrite ou d'un manque d'information. Un certain nombre de demandes d'ordre pratique proviennent d'employeurs qui veulent connaître les formalités à remplir dans leurs échanges avec la Commission. Cependant, la majorité des demandes concernent les contestations des décisions de la Commission, déclare M. Mandlowitz. "Nous nous occupons surtout d'employeurs qui veulent interjeter appel à propos de cas d'indemnisation épineux." D'après lui, les contestations représentent quelque 60 pour cent des demandes reçues et les cotisations 30 pour cent.

Les conseillers du patronat, comme ceux des travailleurs, ont des connaissances solides dans le domaine de l'indemnisation des travailleurs, et de l'expérience dans celui des enquêtes et de la représentation aux audiences. La Commission offre en outre des programmes de formation à l'intention des conseillers qui portent sur les différents aspects du processus d'indemnisation. En ce qui concerne nos relations avec la Commission, "nous pouvons dire qu'il régit ce jour un excellent esprit de collaboration", déclare M. Mandlowitz.

M. Mandlowitz était précédemment au service de la Direction des petites entreprises du ministère de l'Industrie, du Commerce et de la Technologie. Il a occupé le poste de directeur des affaires provinciales de la Fédération canadienne de l'entreprise indépendante et il a été président du Conseil du patronat chargé de l'indemnisation des travailleurs.

ou

Bureau des conseillers du patronat
101, rue Bloo Ouest, 5^e étage
Toronto (Ontario) M5S 1P7
(416) 965-8780 ou 1-800-387-0774
Bureau des conseillers des travailleurs
434, avenue University, bureau 509
Toronto (Ontario) M7A 1T7
(416) 965-8570

Pour de plus amples renseignements sur ces deux bureaux, s'adresser aux bureaux suivants:

■

À la fin du mois de février, le Bureau des conseillers du patronat s'était occupé de 425 dossiers. Environ 40 pour cent provenaient du secteur du bâtiment, 25 pour cent du secteur de la fabrication, 20 pour cent du secteur des services et 15 pour cent des autres secteurs. "Nous recevons continuellement des appels", confirme M. Mandlowitz qui ajoute que le nombre des dossiers dépasse déjà les prévisions de 50 pour cent. Non seulement les bureaux des conseillers des travailleurs et du patronat répondent aux demandes de renseignements et représentent les clients, mais ils considèrent qu'ils ont aussi une fonction éducative à remplir. Du côté des employeurs, le problème comprend deux aspects, selon M. Mandlowitz: "Il y a d'abord le symptôme auquel nous apportons un remède, ensuite nous avons la question beaucoup plus vaste de la réduction des accidents en milieu de travail." Les conseillers du patronat recommandent vivement à leurs clients d'obtenir des conseils supplémentaires en s'adressant à leur association pour la sécurité.

- au bureau des conseillers des travailleurs le plus proche (consultez le bureau local du ministère du Travail).

Les conseillers

des travailleurs
et du patronat

par Ann Garland

Deux services uniques d'assistance et de renseignements concernant l'indemnisation des travailleurs sont désormais offerts aux employeurs et aux travailleurs blessés en Ontario.

Le tout nouveau Bureau des conseillers du patronat et le Bureau élargi des conseillers des travailleurs ont été officiellement reconnus le 1^{er} octobre 1985 suite aux modifications apportées à la Loi sur les accidents du travail.

"Nous faisons partie du ministère du Travail et notre mission consiste à fournir un service consultatif indépendant et un service d'intervention au nom des employeurs", explique M. Jason Mandlowitz, le directeur du Bureau des conseillers du patronat à Toronto.

Le Bureau des conseillers des travailleurs a été agrandi et ne fait plus partie de la Commission des accidents du travail. "Bien que nous relevions du ministère du Travail, nous jouissons d'une autonomie et d'une indépendance considérables", déclare M. Odoardo Di Santo, le nouveau directeur du bureau.

Tous les travailleurs qui, en Ontario, présentent ou ont présenté une demande d'indemnisation conformément à la Loi sur les accidents du travail peuvent bénéficier gratuitement de l'aide du bureau. Les employeurs de la province peuvent de leur côté, et toujours gratuitement, consulter le Bureau des conseillers du patronat.

Le rôle des conseillers indépendants des travailleurs de la Commission consistait principalement à aider les travailleurs blessés à préparer leur dossier d'appel et à les représenter aux audiences. Les conseillers du nouveau bureau sont chargés de fournir différentes formes d'assistance. "Ils peuvent conseiller les travailleurs sur toute question en rapport avec le rôle de la Commission et les représenter devant la Commission ou le Tribunal d'appel", explique M. Di Santo.

Tous les conseillers ont acquis de l'expérience dans le règlement des cas d'indemnisation, certains dans le cadre de services d'aide juridique et d'autres en tant qu'avocats de cabinets privés. M. Di Santo s'est occupé de plusieurs cas d'indemnisation concernant certains de ses électeurs lorsqu'il était député provincial de la circonscription de Downsview à Toronto de 1975 à 1985.

Des bureaux dans tout l'Ontario

On compte 30 conseillers au service des travailleurs dans toute la province. Les bureaux sont situés à Toronto, Hamilton, Kitchener, London, Windsor, Ottawa, Sudbury et Thunder Bay. Selon M. Di Santo, "À ce jour, nous semblons répondre à un besoin très réel". Les demandes de renseignements de la part des travailleurs et les problèmes qu'ils nous ont exposés vont du refus des demandes ou d'autres avantages aux questions portant sur les pensions, les suppléments et la réadaptation professionnelle.

Lorsqu'une affaire nous est soumise, "le conseiller obtient une copie du dossier de la Commission, appelle l'agent chargé de l'affaire et, dans la mesure du possible, essaie de résoudre le problème", explique M. Di Santo. "Nous faisons le maximum pour résoudre le problème du travailleur car nous envisageons la possibilité d'appel qu'en tout dernier ressort. Dans la plupart des cas, le problème est résolu avant d'arriver au stade de l'appel."

Chaque conseiller des travailleurs s'occupe de nombreux dossiers et plus de 50 nouvelles demandes de renseignements parviennent à nos bureaux chaque jour dans toute la province. Ainsi, depuis le mois d'octobre, les bureaux des conseillers des travailleurs ont reçu plus de 3 000 demandes de renseignements et ouvert plus de 1 000 dossiers. "Ce bureau représente une initiative très positive qui, de toute évidence, s'impose", déclare M. Di Santo.

Le Bureau des conseillers du patronat répond à "tous les besoins de l'employeur; cela va de la simple orientation vers le service ou la personne compétente à la représentation de l'employeur

Les conseillers des
travailleurs fournissent
des services variés aux
travailleurs qui
s'adressent à la
Commission.

Antonio Barone



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Rapport

1 Des conseillers à votre service

Les travailleurs blessés et les employeurs de l'Ontario peuvent désormais faire appel aux services de deux bureaux indépendants qui fournissent des conseils et des renseignements sur l'indemnisation.

3 L'informatique au service de la santé et de la sécurité au travail

Une nouvelle génération de logiciels révolutionne les méthodes de travail des professionnels de la santé et de la sécurité au travail.

7 Le rajustement des indemnités

Le rajustement annuel des indemnités versées aux travailleurs et aux survivants fait suite aux modifications apportées à la Loi sur les accidents du travail.

8 Le succès des programmes de travail modifié

Des entreprises avant-gardistes en Ontario découvrent les avantages des programmes de travail modifié pour aider les travailleurs blessés à réintégrer le marché du travail.

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Vol. 9 No. 2, 1986

Rapport

Framework for the Future

A new organizational structure for the Workers' Compensation Board is the organizational framework for major adjustments to the day-to-day work practices of the Board.

Regional Offices Serve Community

The Board's regional offices — soon to number five across the province — bring Board decision-making and a wide range of services closer to the community.

Industrial Disease Standards Panel

A number of important issues are already on the agenda of the new Industrial Disease Standards Panel, whose members were appointed during the summer.

1 Multilingually Speaking...

Communicating with the Workers' Compensation Board is made easier with the help of the Board's Multilingual Services.

Short Takes

The retirement of the Board's vice-president and administration director, A.G. MacLennan, and the Board's 1986 Annual Report are the subject of these short takes.

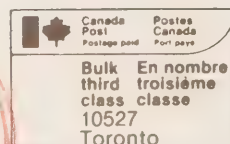
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**Workers'
Compensation
Board**

**Commission
des accidents
du travail**

2 Bloor Street East
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Reorganization

CORPORATE

AT THE BOARD

The Workers' Compensation Board recently adopted a new corporate structure, as a first step towards integrating client services and streamlining its policy and corporate services.

The reorganization comes after two years of intensive studies, both within and outside the Board, into how the Board could improve its management and delivery of services to injured workers and employers.

The new structure concentrates the Board's activities into three central groupings — *Client Services*, *Policy Planning and Special Services*, and *Corporate Services* — each headed by a vice-president and reporting to the vice-chairman and president (formerly vice-chairman of administration and general manager). The three new vice-presidents join the president as members of a new executive committee. Recommendations put forward by this committee will form the basis of decisions made by the president.

New appointments announced

In tandem with the announcement of the new organizational structure, Board chairman Dr. Robert G. Elgie announced the appointment of Alan Wolfson as vice-chairman and president, effective September 1986. Wolfson succeeds Alan G. MacDonald, who has retired from the Board after 41 years of service.

Dr. Elizabeth Kaegi was appointed vice-president, Policy Planning and Special Services, effective July 1, 1986. James A. Gardiner was appointed vice-president, Client Services and Robert D. Reilly, vice-president, Corporate Services, effective June 1986.

Client Services encompasses the work previously done by the Board's Claims Services Division, some of the responsibilities of the Medical Services Division and the Vocational Rehabilitation Division, and the work of the Board's regional offices in London and Sudbury.

Policy Planning and Special Services ensures the co-ordinated development of claims, vocational rehabilitation and medical policies. The Downsview Rehabilitation Centre, the Occupational Health and Safety Education Authority, and the Board's medical specialists also fall under the umbrella of this new group.

Alan Wolfson, the Board's new vice-chairman and president.



Corporate Services provides co-ordinated support in the legal, financial, statistical, computer, human resource, and communications areas to both Client Services and Policy Planning and Special Services.

Incoming vice-chairman and president Alan Wolfson was previously assistant deputy minister, Labour Policy and Programs at the Ontario Ministry of Labour. He has a Ph.D. in economics from Harvard University and has held posts as associate professor, Department of Political Economy and Department of Health Administration, University of Toronto; chairman, Ontario Manpower Commission; and vice-chairman, Advisory Council on Occupational Health and Occupational Safety.

Bob Reilly, C.G.A., had been assistant general manager of the Board since 1983, until his appointment as vice-president of Corporate Services. He joined the Board in 1954 and has held various senior management positions, including director of accounting; director, Revenue Branch; and executive director, Financial Services Division. Most recently, he chaired the Board's regionalization implementation committee.

Dr. Elizabeth Kaegi comes to the position of vice-president, Policy Planning and Special



Bob Reilly, vice-president, Corporate Services. (Top right)

Jim Gardiner, vice-president, Client Services. (Bottom left)

Dr. Elizabeth Kaegi, vice-president, Policy Planning and Special Services. (Bottom right)

Services, after serving on the WCB's new Board of Directors since its inception in October 1985. Before joining the Board, she held the joint position of director of occupational health and safety and medical director at CIL Inc., where she had been employed since 1981. Prior to joining CIL, Dr. Kaegi held positions at the University of Calgary and with Alberta Workers' Health, Safety and Compensation. Dr. Kaegi obtained her medical degree in New Zealand and holds a M.Sc. in epidemiology and biostatistics from McMaster University. She is a Certificant of the Canadian Board of Occupational Medicine.

The Board's new vice-president of Client Services, Jim Gardiner, was previously executive director of Management Information Services at the Board. In that capacity, he headed the revamping of the Board's management information systems and launched the Board on the road to becoming a state-of-the-art user of computer technology. Prior to joining the Board in 1984, he held management positions with Canron Inc., Ford Glass Ltd., and Canadian Breweries Ltd. Gardiner has a degree in mathematics and computer science from York University.

Framework for change

The regrouping of Board services is the organizational framework for major adjustments to the day-to-day work practices of the Board — the way cases are managed, the way policies are developed, the Board's manner of conducting business.

Within Client Services, a task force has been established to investigate ways of further decentralizing claims adjudication, vocational rehabilitation and medical functions, and to create a team approach, similar to what has evolved in the Board's regional offices, to the management of every aspect of an injured worker's case. "Our goal is to speed up overall services to workers and employers and to provide services appropriate for each specific case," says Client Services vice-president Gardiner.

Policy development studied

A second task force is studying ways in which the Board's operating policies can be developed in a co-ordinated, rather than isolated, fashion. Says Policy Planning and Special Services vice-president Kaegi, "I want to ensure that policy will flow logically out of the Act and the decisions of the Board of Directors, while keeping it consistent between the different service areas and as simple as possible."

Faster, more personalized service to the Board's clients, and greater integration of staff and their functions — this is what reorganization at the Workers' Compensation Board is all about. "There must be interaction and teamwork," says new president Wolfson. "The emphasis is not just on providing better services to clients, but on integrating the entire work of the Board to bring about a close co-operation between every level of our staff and services." ■

Regional Offices

SERVE COMMUNITY

"Bringing our services closer to the people" is how the Workers' Compensation Board's new vice-president of Client Services, Jim Gardiner, terms the Board's decision to open three new regional offices and to move to a more decentralized form of operation at the Toronto head office.

In April of this year, the Board announced that it would expand three area offices in the province into full-fledged regional offices, where claims, pensions and other compensation benefits can be adjudicated independently of the Board's head office.

The Hamilton area office will be converted to a full service regional office by November 1986, followed by the Thunder Bay and Ottawa area offices by the spring of 1987.

In late 1980, the Workers' Compensation Board opened two regional offices in Ontario as pilot projects. The offices, in London and Sudbury, have demonstrated how decentralization can provide more accessible service to the Board's clients, tailored to the needs of the people and areas they serve.

What's more, the Board is basing its own corporate reorganization, set in motion in June 1986, on many aspects of the integrated staff team approach pioneered by the London and Sudbury offices. There a streamlined staff provides intensive, personalized service to the public.

The move towards Board decentralization did not occur overnight. The Board opened its first area office in 1950 in Thunder Bay, to serve northern Ontario. Over the years, area and information service offices have been established in Ottawa, Windsor, Kitchener-Waterloo, North Bay, Hamilton, Kingston, St. Catharines, Sault Ste. Marie and Timmins.

by Marilyn Kay

These offices provide a wide range of services, including claims inquiry and investigation, vocational rehabilitation, job placement, and supplying information on many other services offered by the Workers' Compensation Board. Unlike regional offices, however, area and information offices do not make decisions concerning claims and compensation benefits.

The big test for the London and Sudbury regional offices was to ensure decisions could be made outside the Board's head office that would be consistent with the Board's legislative and policy requirements. These offices have not only met these requirements, but have demonstrated how claims handled closer to their source can take into account aspects unique to the area itself.

Staff know the area

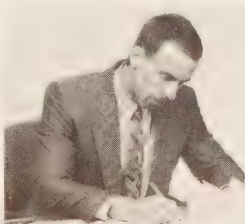
"We bring into the office and maintain an appreciation of the community we serve," explains Dave Adamson, director of the Board's Sudbury office. "Most regional office staff come from the area, so they already know the people and their way of thinking."

That staff know the area — and in some cases are actually rehabilitated workers from area industries — gives them advantages when dealing with claims and with rehabilitation programs. "For example, we can be more flexible when allowing transportation benefits because we know whether there's a drugstore in the town where a client lives or whether the person has to travel by taxi to fill a doctor's prescription," explains John Lynch, health care benefits specialist in the London office. "We will also know where the nearest physiotherapy clinic or chiropractor is, so the client won't have to travel farther than necessary."

By the same token, workers, employers and other members of the communities served by these offices find the Board much more accessible and responsive to their needs. In order to accommodate Sudbury's substantial francophone population, for instance, the Sudbury regional

Now the worker can walk in and have firsthand, personalized service, rather than having to travel to Toronto.

Dupont Photography



Michael Wantuck, pensions adjudicator, Sudbury



Sandra Davis, senior claims adjudicator, London

office designated certain staff positions as bilingual long before legislation required it. A number of supervisors and other staff are fully bilingual and the rest are encouraged to learn French.

Localized service has made a difference to how people view the Board as well. "Decisions from Toronto were looked upon as somehow mysterious," admits John Topham, vocational rehabilitation team co-ordinator in London. "London is not so ominous as Toronto to someone from a small town."

Bringing accident claims adjudication to the regional level (industrial disease claims and fatalities are still handled at head office) has also made it easier for injured workers requiring Board medical examinations, who might otherwise have had to travel to Toronto. Each office has two medical advisers on staff and fully equipped examination rooms. Since February 1986, pensions adjudicators have joined regional staff, allowing workers to be examined, and their pensions decided, in one visit with the doctor and pensions adjudicator.

"With pensions adjudicators right here," enthuses Sandra Davis, a senior claims adjudicator in London, "it's just fabulous. We can resolve things in one-tenth of the time." Michael Wantuck, a former claims adjudicator now trained as one of Sudbury's pensions adjudicators, is also happy about the move. "Now the worker can walk in and have firsthand, personalized service, rather than having to travel to Toronto, which might aggravate his or her pain," he says.

"We've eliminated the buffers separating our decisions from the public," explains Tony Gibbs, manager of program services and acting director of the London regional office. For example, at head office, claims adjudicators answer their own telephone inquiries but, because of heavy caseloads, must leave face-to-face interviews to a trained team of claims counsellors. In regional offices, however, continuing claims adjudicators handle a smaller caseload, enabling them not only to answer their own phones, but to see anyone requesting interview time, including those without scheduled appointments. In

addition, claims adjudicators are often called upon to give talks outside the office to groups requesting information about the Board.

Claims adjudicators may also participate directly in claims investigations. The adjudicator and medical adviser might, together, study the worker's job description and then go out and talk to the employer, the worker and tour the worksite in order to help determine eligibility for benefits.

Quick access to files

Furthermore, adjudicators manage their own records. They have sole control over all active files in their caseload, maintaining their own chargeout system for circulating these files, which are located in cabinets behind every adjudicator's desk. This means that claims adjudicators always have the files at their fingertips and can quickly answer queries.

Plans are also underway to develop a "blended" caseload, which will do away with the shuffle of files between the initial adjudicator and the two types of continuing claims adjudicators who make up the present system. Instead, all adjudicators will be trained to handle a file from beginning to end, so that an injured worker need only deal with one adjudicator throughout the entire time his or her claim remains active. This will lead to greater control of the file and less room for delay and human error, particularly in the initial decision stage.

No matter what area of the Board's operations receives inquiries, answers come quickly. As Adamson puts it, "Things happen immediately in a regional office because everyone is right there to personally discuss and solve any problems. For example, if an injured worker comes to a counsellor complaining about not being able to get in touch with an employer, the counsellor can call the employer right then."

The physical smallness of the regional offices also promotes constant interaction among staff — both the London and Sudbury offices occupy approximately two floors in their downtown locations. "There's such easy access to everyone," explains Davis. "I work very closely with doctors and rehabilitation counsellors."

Davis's sentiments are echoed by her co-workers in London and counterparts in Sudbury. "Say an injured worker I am counselling comes

to me wanting to know about a letter sent by one of our claims adjudicators or asks me 'where's my cheque?'" says Topham. "I can bring the adjudicator or payment processor right into the meeting and get it straightened out then and there."

Case conferences between counsellors, adjudicators, medical advisers and other staff members are also easily arranged. A rehabilitation counsellor may get together over lunch or coffee with the adjudicator and doctor to discuss the next step in an injured worker's progress. Or there may be more formal meetings. As Dave Boody, manager of program services in Sudbury puts it, "You can't place a rehabilitated worker effectively unless you know exactly what the restrictions are. Case conferences allow the vocational rehabilitation counsellor a chance to discuss in detail what the worker can do and whether he or she should continue in a job."

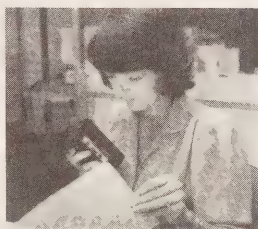
The emphasis is on teamwork, and communication is the key to that cohesiveness. "If you have something to tell someone, you don't need a memo. Just walk over and say it," is the message both Gibbs and Adamson stress to their staff.

Being able to openly discuss concerns and problems and to share ideas has reaped other bonuses as well. Says Rick Voigt, supervisor of office services in London, "There's a real sense of immediacy here. Everybody has a better handle on what the other person does." In fact, assessor/coder Mary Ann Millican was amazed to find out how much she knew about health care benefits adjudication when she was asked to train as a backup. "I didn't realize how much I'd learned just going to the department meetings and listening to people discuss things in the lunchroom and at their desks."

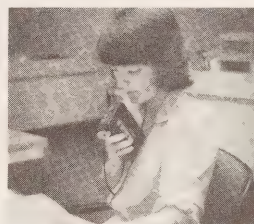
"People get better ideas when administrative and program staff intermingle," says Ron Villeneuve, manager of the Sudbury office's administrative services. For example, a claims adjudicator or the clerk responsible for dividing cases among the office's vocational rehabilitation staff might spend a day on the road with a counsellor to get a better idea of what happens to injured workers once their claims are passed on to vocational rehabilitation staff as well as the demands placed on the rehabilitation counsellor.

Backups are trained from among the entire pool of office staff. People showing an aptitude and interest in a job, even one outside their own field, have the opportunity to be trained to act as a temporary whenever they're needed. Thus, a stenographer might be trained as a backup in claims. Employee job satisfaction is important in any organization which aims to provide a high calibre of service to the public and, in London and Sudbury, Board staff actually exude excitement. "Backup training is our built-in reserve," says Adamson, "and from the employee standpoint, it's job enrichment."

It may, as Gibbs says, be a matter of survival that regional offices challenge their staff to take



Mary Ann Millican, an assessor/coder in London, was asked to train as a backup in health care benefits adjudication.

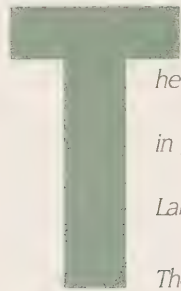


Victor Aziz Photography

on more than one specialized function, which the organizational complexity of head office often prohibits. But it has also meant that staff have learned to handle more facets of a job and feel more attuned to other jobs around them. The increased communication and interaction these small offices foster, both within the office and in the community, all contribute to one end — faster, more personalized service to the community.

Their example serves as a model which the Workers' Compensation Board has already begun to replicate and will continue to expand on, bringing Board decision making and services ever closer to the injured workers and employers of Ontario. ■

Industrial Disease Standards Panel



The new Industrial Disease Standards Panel commenced its work

in June. Members of the panel were announced by Ontario

Labour Minister William Wrye.

The Industrial Disease Standards Panel, chaired by Dr. James Ham,

was established by Bill 101, An Act to amend the Workers' Compensation Act. Under the Act, this important new group is empowered to investigate possible industrial diseases; make findings as to whether a probable connection exists between a disease and an industrial process, trade or occupation in Ontario; create, develop and revise criteria for the evaluation of claims respecting industrial diseases; and advise on eligibility rules regarding compensation for claims respecting industrial diseases.

The seven panel members were appointed by the Lieutenant Governor in Council from the technical, scientific and professional communities, as well as from the general public. They are as follows:

Ralph M. Barford of Toronto, president of Valleydene Corporation Limited (1972), a leader in the business community and trustee of the Toronto General Hospital;

Dr. John P. Chong of Hamilton, assistant professor, Department of Clinical Epidemiology and Biostatistics at McMaster University, and member of the International Commission on Occupational Health;

Jean Louis Gagnon of Hanmer, near Sudbury, trustee of Local 6500 of the United Steelworkers of America, member of its Cancer Treatment Centre Committee, and a director of the United Way;

Dr. Edward S. Gibson of Hamilton, plant physician at Dominion Foundries and Steel Ltd. (Dofasco Inc.), who has long been active in the fields of occupational and environmental health and is an external consultant to the federal Task Force on Health Surveillance of Workers;

Linda A. Jolley of Toronto, an occupational health and safety consultant, who has worked extensively with the labour movement in Ontario and the Canadian Centre for Occupational Health and Safety;

Jane LeVay of Kapuskasing, a dietician by training, member of the Board of Sensenbrenner Hospital;

Dr. David C.F. Muir of Ancaster, professor of medicine and director of the Occupational Health Programme, McMaster University, who serves on several national scientific task forces and committees and is a former consultant in respiratory diseases in Edinburgh, Scotland. Dr. Muir serves as vice-chairman of the panel.

Dr. James M. Ham, who was earlier appointed chairman of the Industrial Disease Standards Panel, is professor of science, technology and public policy at the University of Toronto. Dr. Ham is a past dean of applied science and engineering and rose to the presidency of the University of Toronto in 1978. While a fellow of the Brookings Institution in Washington, D.C., he conducted a major project which explored the nature and efficacy of public policy approaches to the improvement of industrial health and safety in the United States, at both state and federal levels.

All findings and recommendations provided to the Workers' Compensation Board by the panel will be open to public response before they are acted on. This consultative process will allow the Board to consider public opinion and obtain the best available medical and technical advice in identifying industrial diseases and in setting appropriate policies and procedures for their adjudication.

Issues already on the panel's agenda include a review of the guidelines concerning claims arising out of exposure to radon or radon daughters, the relationship of human carcinogenicity to PCB exposure, and a question on methodology concerning "the healthy worker effect". ■

*For more information contact:
Industrial Disease Standards Panel
10 King Street East, 7th Floor
Toronto, Ontario
M5C 1C3
(416) 965-5056.*

Multilingually

SPEAKING...

by Sheila Rosenberg

To say that José Barreiro speaks to Portuguese workers in their own language is almost an understatement.

When he's not discussing the Workers' Compensation Act on Portuguese language television, chances are he's advising Portuguese-speaking workers on phone-in radio shows or at community information sessions. It's all part of his job as co-ordinator of Portuguese Services at the Workers' Compensation Board.

Services at the Board are available to injured workers and employers in a variety of languages. Officially, it is required to provide service in both English and French at all Board offices across the province. Unofficially, the Board tries to accommodate as many other language groups as possible and practical — everything from Italian, Portuguese and Spanish to Greek and Finnish — as long as there are staff available in a particular office who can communicate in these languages.

The Board, like other sizeable organizations, however, can still be an intimidating place for non-English-speaking individuals. That's where the Multilingual Services program comes in. This unique program provides counselling to injured workers and employers in Italian, Portuguese and Spanish in order to help them with their claims or related problems, and includes an ambitious communications campaign in these communities to publicize the policies and workings of the Board.

The program operates from the Board's Toronto head office — the city where the largest number of these people live and work — and commenced in 1979, with the creation of Italian Services, now headed by co-ordinator Angelo Vinci. Barreiro

came on staff the following year to organize Portuguese Services and, in 1985, José Jiménez became co-ordinator of Spanish Services.

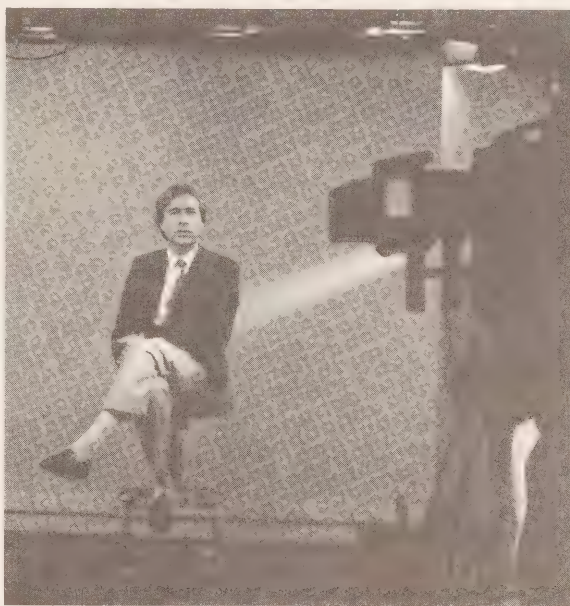
The need for this program is clear. Immigration has brought many non-English-speaking workers to Ontario, a significant proportion of whom are involved in some form of heavy labour. For example, an estimated 60 per cent of the Italian community — which now numbers close to 500,000

provincewide — are employed in construction, factory, or industrial work, says Vinci, who points out that "because of the language problem, these people have more difficulty in understanding their rights and obligations concerning safety on the job." Barreiro and Jiménez describe a similar situation in the province's Portuguese and Spanish communities, which number about 300,000 and 180,000 respectively.

Ensuring these groups know what to do in case of a work-related accident is a high priority of the Multilingual Services program. Monthly information bulletins dealing with various aspects of workers' compensation are printed in Italian, Portuguese and Spanish, and are distributed free of charge throughout the province. Paid editorials on similar topics are published in more than 35 community newspapers and magazines that serve these three language groups. Many of the Board's English publications are also translated in up to four languages.

Vinci, Barreiro, and Jiménez play a highly visible role in this information campaign. At the Board's Toronto office, they each tape weekly editorials on workers' compensation, broadcast in Italian, Portuguese, and Spanish on four radio stations and five television stations in the

José Barreiro speaks to the Portuguese community through regular television editorials on workers' compensation.



Angelo Vinci answers queries from the Italian community on a radio show.

Toronto area. Individually, they regularly serve as featured guests on open-mike multilingual radio shows, where listeners can call in with questions relating to the Board. They also meet regularly with members of their respective communities, at information sessions across the province.

This busy schedule of media and public events has given these individuals high profile within their communities. "Everywhere I go, the response from people about the TV and radio programs is a positive one," Barreiro says, adding that electronic media is particularly effective because "of the problem of illiteracy among workers, especially the older ones."

Immigrants themselves, the Board's multilingual co-ordinators are in an ideal position to understand the needs and concerns of the communities they serve, which are not always the same. For example, the biggest concern of the Italian community — the largest and most established of the three — is maintaining their culture, "which they're successful in doing," Vinci says.

Not surprisingly, immigrant communities have tended to view the Board with some suspicion, a situation partly caused by the language barrier. This view is shared by Mary Harker, executive assistant to MP Bob Pennock of Etobicoke North, a Toronto suburb with a large Italian population. Going down to the Board is seen as being "slightly scary. Workers are afraid that no one will believe their claims," Harker says.

These attitudes are changing, however, largely as a result of the Multilingual Services program. Virginio Brum, co-ordinator of the Portuguese Social Service Centre of Toronto, says it has helped inspire greater confidence in the Board's appeals system, at least among Portuguese workers. Harker believes the program has helped make the Board more accessible to the Italian-speaking population. "It has been a positive move in regard to better delivery of service," she says. "Before, the Board didn't have the right staff to dialogue with the Italian community."



Antonio Barone

Increased inquiries

As these services become better known, more and more workers are contacting the Board for help, either in person or by telephone, and much of this growth has been recent. Italian Services, for example, received a total of 1,244 inquiries in June, 1986, up from 866 in January. During the same period, the number of Portuguese inquiries almost doubled — 837 in June, compared with 479 inquiries in January. The newly-formed Spanish Services received 533 inquiries in June, compared with 300 in March, the first month for which statistics are available.

Most inquiries concern delays in pension payments or launching an objection. Workers and employers can also take their questions to the Board's Claims Inquiry area, and will most likely be assigned a counsellor who speaks their language. Even so, the service is not the same. As Anna Maria Faieta, one of Italian Services' two counsellors points out, "We're not just multilingual, we're multicultural."

Like the co-ordinators, the counsellors who handle daily inquiries are immigrants themselves, which gives them a special edge in dealing with their clients. "I would understand an immigrant much better than an Italian-speaking person who was born here," explains Faieta, who came over from her native Sicily at age 13. "I know what it's like to learn a whole new way of life."

What's more, she and her colleagues are willing to go to bat for their clients every step of the way. Faieta reels off an extensive list of examples: helping workers complete forms and file reports, directing them to other services, initiating inquiries or requests, writing letters, investigating permanent or residual disability claims, and generally following their progress.

Someone to listen

Sometimes, more than anything else, injured workers need a sympathetic ear and this, too, the counsellors provide. The shock of an on-the-job accident and fear of loss of income can be worse than the injury itself. "It goes beyond compensation," says Faieta. "A lot of times the problem is also psychological. Workers want someone who will listen."

They also want results and, if they have a solid case, they will get them. Faieta relates the story of a worker she helped who had suffered severe burns over 75 per cent of his body in a mining fire 25 years earlier. He subsequently underwent more than 30 operations, but remained severely disfigured. He had such a strong speech impediment as a result of the accident that he had his daughter telephone Faieta to find out if he was entitled to any supplements to his pension, which was already at 100 per cent.

Faieta discovered that her client was not getting anything for disfigurement; at the time of the accident there was no entitlement to compensation for this under the Act. She directed him to the appropriate medical specialists for documentation and wrote a letter to the Board on his behalf. Two-and-a-half weeks later the man was called to the Board for a reassessment of his pension, and was awarded \$25,000 for disfigurement, a sum which basically covered arrears in payment. After 25 years, "the whole thing was resolved in less than two months," Faieta says.

Georgette Nunes, the counsellor for Portuguese Services, had a case involving a woman who had lost part of her scalp in an industrial accident when she was 18. For the next 20 years she wore a hairpiece to cover her baldness. Finally, when she was 38, she came to the Board

"The comments of people make me feel I'm providing good help."

to see what could be done. Nunes helped get the woman's pension increased and arranged for the Board to pay for a hair transplant. The transplant worked and "20 years after the accident, she finally had a full head of hair," Nunes says.

Spreading the word in the Spanish community is a major concern for Jiménez who, at present, is acting as sole counsellor for Spanish Services. He's also busy with a number of other projects, among them, meeting with representatives from Spanish-speaking countries to discuss reciprocal worker coverage. The Board already has reciprocal coverage agreements with Italy, Portugal and Greece, which provide for medical treatment and pension reassessment for disabled workers who have returned to their native country.

Counselling, however, remains the number one priority for Jiménez and, in the short time that he has been doing it, "the comments of people make me feel I'm providing good help," he says. He has assisted workers with a variety of different problems. But his favourite success story concerns "a factory worker who was injured in a crane accident and, through his rehabilitation program with the Board, took a television and film production course, and eventually ended up becoming a co-ordinator in the Multilingual Services program." His name is José Jiménez.

Of course, Jiménez recognizes that his situation is unique, but it is also testimony to the fact that, through special services at the Workers' Compensation Board, new avenues can be explored. ■

José Jiménez counsels injured workers from the Spanish community at the Board's Toronto head office.



Short Takes Short Takes Short Takes Short Takes Short Takes Short Takes

10 1985 IN REVIEW AT THE BOARD

New claims to the Workers' Compensation Board last year were up by 9.8 per cent, according to the Board's 1985 Annual Report, which was released in July.

A total of 426,880 new claims were reported to the Board provincewide in 1985, compared with 388,845 claims the previous year. The average duration on benefit, or average number of workdays injured workers were on temporary total compensation, was 34.9 days, down from 38.1 workdays in 1984.

Benefits paid totalled \$1,097,205,000, up from \$978,611,000 the year before. Assessment income collected by the Board in 1985 rose to \$1,301,121,000.

Admissions to the Board's Downsview Rehabilitation Centre increased by a significant 19.6 per cent, to 14,111 from 11,794. Vocational rehabilitation staff at the Board were instrumental in rehabilitating 5,581 injured workers during the year, up 26.6 per cent over 1984.

Bill 101—An Act to amend the Workers' Compensation Act, which received royal assent at the close of 1984, came into effect in 1985, bringing with it sweeping changes to benefits for injured workers and their families and to the administrative structure of the Workers' Compensation Board. Bill 32 increased survivors' benefits to families of workers who died on or before June 30, 1985. Bill 81, which was passed in December, 1985, brings annual indexing to bear on average earnings, effective January 1, 1986.

Among other important administrative changes, effective October 1, 1985, overall direction of the Board became the responsibility of a new and expanded Board of Directors, consisting of a full-time chairman and vice-chairman, nine external part-time directors, and an ex-officio member. The final level of appeal of a Board decision is now in the hands of an independent and external tripartite tribunal, known as the Workers' Compensation Appeals Tribunal. A new

and independent Industrial Disease Standards Panel was established to provide valuable research and advice to the Board on industrial diseases. The year 1985 at the Board was also marked by the appointment of a new chairman. Robert G. Elgie, M.D., Q.C., was appointed chairman late in the year, replacing Colonel The Honourable Lincoln M. Alexander, P.C., Q.C., who served as chairman throughout most of 1985 and in the four previous years. ■

Copies of the Board's 1985 Annual Report can be obtained from the Communications Division, Workers' Compensation Board, 2 Bloor Street East, Toronto, Ontario, M4W 3C3. (416) 927-3500.

VICE-CHAIRMAN OF ADMINISTRATION AND PRESIDENT RETIRES

Alan G. MacDonald, vice-chairman of administration and president of the Workers' Compensation Board, retired in September 1986 after 41 years of dedicated service to the Board.

Mr. MacDonald had served with distinction as executive manager from 1967 to 1974, and as vice-chairman of administration and general manager (vice-chairman and president under the new corporate structure) since 1974, in which capacities he was the Board's chief administrative officer. Since joining the Board in 1945, he has held several other senior positions, including that of chief statistician, comptroller, and treasurer.

Among other affiliations, Mr. MacDonald was a vice-president of the Canada Safety Council and the Canadian regent of the Workers' Compensation College of the International Association of Industrial Accident Boards and Commissions.



Stephen Epstein

Mr. MacDonald will continue to work with the Board as a consultant during the transition now underway to the Board's new organizational structure, and subsequently to provide advice and assistance on many important issues.

Alan Wolfson was appointed new vice-chairman and president of the Workers' Compensation Board, effective September 1986. ■

remplir des formulaires et des rapports, les orienter vers d'autres services, demander à ce que des enquêtes aient lieu ou se renseigner sur leur dossier, rédiger des lettres, étudier leurs demandes d'indemnités pour invalidité permanente ou résiduelle et, de façon générale, suivre l'évolution de leurs dossiers.

Quelqu'un pour vous écouter

Parfois, les travailleurs blessés ont surtout besoin d'une oreille compréhensive et les conseillers s'y prêtent volontiers. Le choc psychologique

causé par un accident de travail et la crainte d'être privé de son revenu peuvent avoir un effet plus désastreux pour le travailleur que la lésion même. "Il ne s'agit pas seulement d'indemnités, indique Mme Faieta, bien des fois, les troubles dont souffre le travailleur sont aussi d'ordre psychologique. Les travailleurs recherchent une personne qui leur prête une oreille attentive."

En s'adressant aux services multilingues, ils s'attendent bien sûr également à des résultats et ils en obtiennent si leur cause est légitime. À titre d'exemple, Mme Faieta cite le cas d'un travailleur qu'elle a aidé. Ce dernier avait été gravement brûlé sur les trois quarts du corps lors d'un incendie de mine il y a 25 ans. Il a dû subir par la suite plus de trente opérations, mais est resté extrêmement défiguré. Il avait en outre un défaut d'élocution si prononcé en raison de son accident qu'il a demandé à sa fille de téléphoner à Mme Faieta pour s'enquérir s'il n'aurait pas droit à un supplément en plus de la pension de 100 % qu'il recevait déjà.

Mme Faieta a découvert que la Commission n'avait rien accordé à son client pour son défigurement; en effet, au moment de son accident, la Loi n'allouait pas d'indemnités pour ce genre de dommage corporel. Elle l'a donc dirigé vers les spécialistes appropriés pour obtenir les documents médicaux nécessaires et a écrit une lettre en son nom à la Commission. Deux semaines et demie plus tard, ce travailleur était convoqué aux bureaux de la Commission en



vue d'une nouvelle évaluation de son taux de pension. La Commission lui a versé par la suite 25 000 \$ pour son défigurement, somme couvrant principalement les arriérés de sa pension qu'il n'avait pas touchés. Après 25 ans, "il a fallu moins de deux mois pour lui régler ses indemnités", déclare Mme Faieta.

Mme Georgette Nunes, conseillère des Services en portugais, a eu à s'occuper du cas d'une femme qui avait perdu une partie de son cuir chevelu lors d'un accident du travail survenu lorsqu'elle était âgée de 18 ans. Pendant les

vingt années suivantes, elle a porté une postiche pour dissimuler sa calvitie. Ce n'est qu'à l'âge de 38 ans qu'elle s'est décidée à réclamer des indemnités à la Commission. Mme Nunes l'a aidée à obtenir une augmentation de sa pension et a pris les dispositions nécessaires pour que la Commission défraie le coût d'une transplantation capillaire. La transplantée a réussi et "20 ans après l'accident, cette femme a eu à nouveau une chevelure normale"; déclare Mme Nunes.

La diffusion de l'information au sein de la communauté hispanophone est l'une des préoccupations les plus importantes de M. Jimenez qui, à lui seul, fait fonction de conseiller des Services en espagnol. Il s'occupe de nombreux projets, et rencontre notamment des représentants de divers pays hispanophones pour discuter de protection réciproque des travailleurs. La Commission a déjà signé de tels accords de réciprocité avec l'Italie, le Portugal et la Grèce, aux termes desquels les travailleurs qui retournent dans leur pays natal ont droit aux soins médicaux et à la réévaluation de leur pension.

Il n'en reste pas moins que la priorité de M. Jimenez est de conseiller et d'orienter les gens de sa communauté. Bien qu'il effectue cette tâche depuis peu, il est convaincu que son travail est des plus utiles d'après les commentaires qu'il reçoit des gens qu'il aide des travailleurs à résoudre toutes sortes de problèmes. Toutefois, la plus belle histoire de réussite, selon lui, est celle d'un ouvrier d'usine qui a été blessé par une grue, et qui, grâce au programme de réadaptation de la Commission, a suivi un cours en cinématographie et télévision et est finalement devenu coordonnateur au sein du Programme des services multilingues". Son nom est José Jimenez.

M. Jimenez reconnaît que, bien que son cas soit unique, il est toutefois la preuve indubitable que les services spéciaux de la Commission des accidents du travail peuvent ouvrir des horizons nouveaux à tout un chacun. ■

M. José Jimenez donne des conseils aux travailleurs blessés hispanophones au siège de la Commission à Toronto.

"D'après les commentaires que je reçois, je suis convaincu que mon travail est utile."

sur l'indemnisation des travailleurs, diffusent des messages en italien, en portugais et en espagnol sur quatre chaînes de radio et cinq chaînes de télévision de la région de Toronto. Ils sont régulièrement invités à prendre part à des émissions radiophoniques diffusées en diverses langues, au cours desquelles les auditeurs peuvent téléphoner et poser des questions sur le système d'indemnisation de la Commission des accidents du travail. Ils rencontrent aussi régulièrement des membres de leur communauté respective lors de réunions d'information organisées dans l'ensemble de la province.

Du fait qu'une grande partie de leur emploi du temps est consacrée à des rencontres avec le public et les médias, ces coordonnateurs sont des célébrités dans leur communauté. "Partout où je vais, les commentateurs du public au sujet des programmes de radio et de télévision sont très positifs", déclare M. Barreiro. Il ajoute que les médias tels que la radio et la télévision sont particulièrement efficaces "en raison du problème de l'analphabétisme chez les travailleurs, en particulier les plus âgés".

Immigrants eux-mêmes, les coordonnateurs des services multilingues de la Commission sont bien placés pour comprendre les besoins et préoccupations des communautés qu'ils servent, qui ne sont pas nécessairement les mêmes. Ainsi, ce qui préoccupe le plus la communauté italophone — la plus large et la mieux établie des trois communautés — est de préserver sa culture, "et elle y réussit brillamment", affirme M. Vinci.

Il ne faut pas s'étonner si les communautés ethniques ont eu tendance à considérer la Commission avec une certaine méfiance, une situation en partie attribuable aux barrières linguistiques. Ce point de vue est partagé par Mme Mary Harker, adjointe principale de M. Bob Pennock, député d'Eglwysbrook Nord, une banlieue de Toronto qui compte une forte population italienne. Le fait de se rendre à la Commission est considéré comme "une démarche quelque peu hasardeuse", déclare Mme Harker. "Les travailleurs craignent, dit-elle, que l'on doute de leur parole".

Toutefois, on constate un changement d'attitude, et ce en grande partie grâce au Programme des services multilingues. M. Virgilio Brum, coordonnateur du centre de services sociaux en portugais de Toronto, estime, pour sa part, que le Programme a contribué à inspirer une plus grande confiance dans le système d'appel de la Commission, du moins parmi les travailleurs de langue portugaise. Mme Harker croit que le Programme a contribué à rendre la Commission plus accessible à la population italophone. "Nous avons fait un pas dans la bonne direction en vue d'offrir de meilleurs services, affirme-t-elle. Auparavant, la Commission n'avait pas le personnel compétent pour traiter avec les membres de la communauté italienne."

Augmentation des demandes de renseignements



A mesure que ces services deviennent mieux connus du public, un nombre croissant de travailleurs, et ce depuis peu, s'adressent à la Commission pour demander assistance, soit en italien, soit par téléphone. Les Services en italien, par exemple, ont reçu un total de 1 244 demandes de renseignements en juin 1986, soit 866 de plus qu'en janvier de la même année. Au cours de la même période, le nombre de demandes de renseignements venant de la population de langue portugaise a presque doublé — soit 837 en juin, comparativement à 479 en janvier. Les Services en espagnol, dont la création est récente, ont reçu 533 demandes de renseignements en juin dernier, par rapport à 300 en mars, mois à partir duquel nous disposons des premières statistiques sur ce groupe. Dans la majorité des cas, les travailleurs contactent les Services multilingues pour savoir pourquoi leur pension leur est versée en retard ou quelles démarches suivre pour contester une décision de la Commission. Les travailleurs et les employeurs peuvent également adresser leurs questions au service des renseignements de la Direction de l'indemnisation et, le plus souvent, un conseiller parlant leur langue est désigné pour donner suite à leur demande. Comme le mentionne Mme Anna Maria Faleta, l'un des deux conseillers des Services en italien, "nos services ne sont pas seulement multilingues mais multiculturels".

Tout comme les coordonnateurs, les conseillers qui répondent aux demandes de renseignements quotidiennes sont des immigrants eux-mêmes, avantage peu négociable dans leurs rapports avec le public. "Je m'identifie plus facilement à un immigrant italien qu'à un italo-phone qui serait né ici", explique Mme Faleta, venue de sa Sicile natale au Canada à l'âge de 13 ans. "Je sais par expérience ce que c'est que d'apprendre une toute nouvelle façon de vivre." Qui plus est, Mme Faleta et ses collègues sont prêts à faire tout leur possible pour aider les travailleurs à résoudre leurs problèmes. Mme Faleta cite toute une série d'exemples : aider les travailleurs à

PARLONS Multilinguisme...

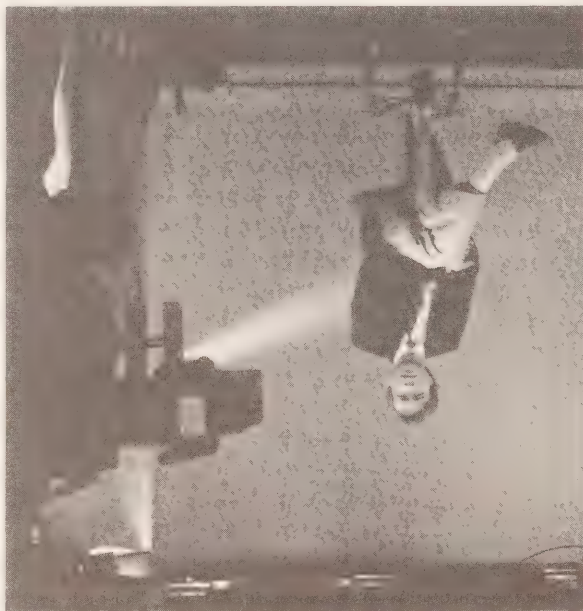
par Sheila Rosenberg

L'année suivante, M. Barreiro est entré au service de la Commission pour organiser les Services en portugais et, en 1985, M. José Jimenez a été nommé coordonnateur des Services en espagnol. La nécessité d'un tel programme ne fait aucun doute. La politique d'immigration a permis à un grand nombre de travailleurs ne parlant pas l'anglais de venir s'établir en Ontario; une proportion importante de ces immigrants est venue grossir les rangs de la main-d'œuvre ouvrière. À titre d'exemple, selon M. Vinci, environ 60 % de la population italienne — soit près d'un demi-million réparti dans toute la province — travaillaient dans le secteur de la construction ou dans une industrie quelconque. M. Vinci précise que "du aux problèmes de langue, ces travailleurs ont encore plus de difficultés à comprendre leurs droits et obligations en matière de sécurité au travail". En ce qui concerne les communautés de langue portugaise et hispanophone, qui s'élèvent respectivement à 300 000 et 180 000, M.M. Barreiro et Jimenez décrivent la situation en des termes analogues.

S'assurer que les travailleurs appartenant à ces groupes ethniques savent ce qu'il faut faire en cas d'accident du travail est une priorité du Programme des services multilingues. Des bulletins d'information mensuels traitant de divers aspects de l'indemnisation des travailleurs sont publiés en italien, en portugais et en espagnol et sont distribués gratuitement dans l'ensemble de la province. Par ailleurs, la Commission fait paraître des articles sur des sujets du même genre dans plus de 35 journaux et magazines s'adressant à ces trois groupes linguistiques. D'autre part, un bon nombre de publications en anglais de la Commission sont traduites et publiées en quatre langues. M.M. Vinci, Barreiro et Jimenez jouent un rôle très important dans cette campagne d'information. Aux bureaux de la Commission à Toronto, ils enregistrent chaque semaine des éditoriaux

Dire que M. José Barreiro communique avec les travailleurs de langue portugaise dans leur propre langue est bien au-dessous de la vérité. S'il ne discute pas de la Loi sur les accidents du travail en portugais à la télévision, il y a de grandes chances qu'il donne des conseils aux travailleurs de langue portugaise lors d'émissions radiophoniques à ligne ouverte ou lors de séances d'information communautaires. Toutes ces fonctions font partie de son travail de coordonnateur des Services en portugais à la Commission des accidents du travail.

M. José Barreiro s'adresse régulièrement à la communauté portugaise lors de programmes télévisés sur l'indemnisation des travailleurs.



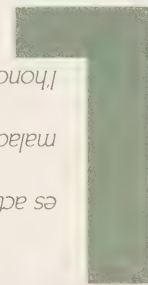
La Commission offre des services en plusieurs langues aux travailleurs et aux employeurs. Bien qu'officiellement elle soit tenue de fournir des services en anglais et en français dans tous ses bureaux en Ontario, elle s'efforce en plus de répondre, à titre officiel, aux besoins linguistiques d'autres groupes ethniques — elle offre des services en diverses langues, allant de l'italien, du portugais et de l'espagnol au grec et au finnois — dans la mesure où certains employés peuvent communiquer dans la langue demandée.

Tout comme d'autres organismes d'égal envergure, la Commission peut certes intimider ceux qui ne parlent pas l'anglais, d'où l'utilité du Programme des services multilingues. Ce programme unique offre des services de consultation en italien, en portugais et en espagnol aux travailleurs qui présentent des demandes d'indemnisation ou qui ont besoin d'une aide quelconque, ainsi qu'aux employeurs. Le Programme inclut également une campagne d'information communautaire intensive, visant à faire connaître la politique de la Commission et le fonctionnement du système d'indemnisation. Le personnel du siège de la Commission à Toronto s'occupe de ce programme. En effet, c'est à Toronto que réside et travaille la plus forte concentration de travailleurs ayant besoin de ces services. La création des Services en italien, en 1979, a marqué le début de ce programme. Ces services sont maintenant dirigés par le coordonnateur Angelo Vinci.

Comité des normes en matière de maladies professionnelles

es activités du nouveau Comité des normes en matière de maladies professionnelles ont débuté en juin dernier et l'honorable William Wyke, ministre du Travail de l'Ontario, a

annoncé le nom des membres qui le constituent.



Mme Jane LeVay, diététicienne et membre du conseil d'administration de l'hôpital Sensenbrenner, Mme LeVay demeure à Kapuskasing; Dr David C.F. Muir, professeur de médecine et directeur du programme de santé au travail de l'Université McMaster, Dr Muir a oeuvré au sein de plusieurs groupes de travail et de comités avant expert-conseil des maladies respiratoires à Edimbourg, Ecosse. Dr Muir est vice-président du Comité. Il réside à Ancaster;

Dr James M. Ham, nommé antérieurement président du Comité des normes en matière de maladies professionnelles, est professeur d'histoire et sociopolitique des sciences à l'Université de Toronto. Ancien doyen de la Faculté de génie et sciences appliquées, Dr Ham a été nommé président de l'Université de Toronto en 1978. Lorsque l'il était membre du Brookings Institution de Washington D.C., il a mené une recherche sur la nature et l'efficacité des approches sociopolitiques visant à améliorer la santé et la sécurité au travail aux États-Unis, à la fois au niveau des états et au niveau fédéral.

Les conclusions et recommandations du Comité seront rendues publiques avant que la Commission prenne des mesures quelconques. Ce processus de consultation permettra à la Commission de tenir compte de l'opinion publique et de bénéficier de l'expertise médicale et technique la meilleure pour identifier les maladies professionnelles et établir des politiques et règlements en matière d'indemnisation.

Parmi les questions à l'ordre du jour du Comité figurent notamment l'étude des directives concernant l'indemnisation des travailleurs exposés au radon et à ses dérivés, une étude sur la relation entre l'exposition aux polychlorobiphényles (PCB) et le cancer, et une question de méthodologie concernant le facteur santé chez les travailleurs. ■

Pour de plus amples renseignements, veuillez vous adresser au :

Comité des normes en matière de maladies professionnelles
10, rue King Est, 7^e étage
Toronto (Ontario)
M5C 1C3
Tel. : (416) 965-5056

Ce comité préside par le docteur James Ham a été créé à la suite de l'adoption du Projet de loi 101 — Loi modifiant la Loi sur les accidents du travail. Aux termes de cette loi, le Comité a pour mission "d'étudier les maladies professionnelles éventuelles; d'établir s'il existe un rapport probable entre une maladie et un profession ou un métier donné dans une industrie en Ontario; de mettre au point, d'élaborer et de réviser les critères d'évaluation des demandes d'indemnités en ce qui concerne les maladies professionnelles; de donner des conseils sur les règles d'admissibilité pour ce qui est des indemnités relatives aux demandes ayant trait à des maladies professionnelles".

Les sept membres du Comité ont été nommés par le lieutenant-gouverneur en conseil et proviennent des milieux techniques, scientifiques et professionnels ainsi que du grand public. Ils sont les suivants :

M. Ralph M. Barford, président de Valleydene Corporation Limited (1972) et administrateur de l'Hôpital général de Toronto. M. Barford occupe une place éminente dans le milieu des affaires et réside à Toronto;

Dr John P. Chong, professeur adjoint au Département d'épidémiologie clinique et de biostatistique de l'Université McMaster et membre de la Commission internationale de la médecine du travail. Dr Chong réside à Hamilton;

M. Jean-Louis Gagnon, administrateur de la section locale 6500 des Métallurgistes unis d'Amérique et membre du Comité du Centre pour le traitement du cancer. M. Gagnon est également l'un des directeurs de Centraide Canada. Il réside à Hanmer, près de Sudbury;

Dr Edward S. Gibson, médecin à l'usine de la Dominion Foundries and Steel Ltd. (Dofasco Inc.). M. Gibson oeuvre depuis longtemps dans les domaines de l'épidémiologie et de la santé au travail et agit à titre de consultant externe pour le Groupe d'étude fédéral sur la surveillance de la santé des travailleurs. Dr Gibson réside à Hamilton;

Mme Linda A. Jolley, experte-conseil en santé et sécurité au travail. Mme Jolley a été très active au sein du mouvement ouvrier en Ontario et a collaboré étroitement avec le Centre canadien d'hygiène et de sécurité au travail. Elle réside à Toronto;

commis qui s'occupe de répartir les dossiers entre les employés du Service de la réadaptation professionnelle peut passer une journée sur la route en compagnie d'un agent de réadaptation pour se familiariser avec la façon dont on s'occupe des travailleurs blessés, une fois que leur dossier parvient au Service de la réadaptation professionnelle et est confié à un agent de réadaptation, et avec les responsabilités qui incombent à ce dernier.

Les employés d'appoint peuvent être recrutés parmi l'ensemble du personnel de bureau. Ceux qui ont les aptitudes nécessaires et qui sont intéressés par un poste donné, même s'il relève d'un autre domaine que le leur, peuvent recevoir la formation requise pour aider en cas de besoin. Ainsi, une dactylo peut être affectée temporairement au service de l'indemnisation. Dans toute organisation dont l'objectif est d'offrir des services de qualité à sa clientèle, la satisfaction que les employés tirent de leur travail n'est pas un facteur négligeable. Aux bureaux de London et de Sudbury, le personnel de la Commission est enthousiaste. "La formation d'un personnel d'appoint nous garantit les ressources nécessaires en cas de besoin", affirme M. Adamson. "Du point de vue de l'employé, c'est assurément un enrichissement professionnel", ajoute-t-il.

On a proposé à Mme Mary Ann Millican,

vérificatrice-codreuse, de recevoir la formation nécessaire pour s'occuper en cas de besoin le traitement des demandes de prestations d'aide



n'occupent que deux étages de leur édifice respectif au centre-ville. "Nos services sont vraiment faciles d'accès à tous", explique Mme Davis. "Je travaille en étroite collaboration avec les médecins et les agents de réadaptation", ajoute-t-elle. Les collègues de Mme Davis au bureau de London et ses homologues au bureau de Sudbury sont également de cet avis. M. Topham déclare à cet effet : "Supposons qu'un des travailleurs blessés dont je m'occupe vienne me voir pour avoir des précisions sur une lettre que lui a envoyée l'un de nos agents d'indemnisation ou qu'il me demande pourquoi il n'a pas reçu son chèque. Je peux convoquer immédiatement l'agent ou le commis à la préparation des paiements et clarifier la question séance tenante."

Il est également facile de réunir des conseillers, des agents, des médecins-conseils et tout autre membre du personnel concerné pour discuter d'un cas. D'autre part, un agent de réadaptation peut dîner avec un agent d'indemnisation et un médecin-conseil pour discuter de la prochaine étape dans le règlement d'un dossier. Il est tout aussi facile d'organiser des réunions à caractère plus officiel. Selon les mots mêmes de M. Dave Boody, chef des programmes du bureau de Sudbury, "il est impossible de réintégrer sur le marché du travail de façon définitive un travailleur réadapté sans connaître exactement la nature de ses restrictions physiques. La tenue de réunions portant sur un dossier précis donne l'occasion à l'agent de réadaptation de discuter en détail des possibilités du travailleur et de décider s'il doit continuer son travail." L'accent est mis sur le travail en équipe et la communication favorise la cohésion du groupe. "Si vous devez communiquer des renseignements à un collègue, il n'est pas nécessaire de rédiger une note de service, il suffit de faire quelques pas et d'informer ce collègue verbalement", tel est le message qu'adressent MM. Gibbs et Adamson à leur personnel.

Le fait de pouvoir discuter ouvertement des préoccupations et problèmes auxquels on est confronté ainsi que d'échanger des idées s'avère fructueux à maints autres égards. Selon M. Rick Voigt, superviseur des services de soutien du bureau de London, "il régnait ici un véritable esprit d'entraide. Chacun d'entre nous est au courant de ce que fait l'autre et peut obtenir des résultats immédiats en collaborant." Ainsi, Mme Mary Ann Millican, vérificatrice-codreuse, était étonnée de découvrir qu'elle en savait tant sur le traitement des demandes de prestations d'aide médicale lorsqu'on lui a proposé de recevoir la formation nécessaire pour aider en cas de besoin les employés du service de l'aide médicale. "J'ignorais à quel point j'avais acquis des connaissances rien qu'en assistant aux réunions du service et en écoutant les discussions des employés dans la salle de diné ou dans leur bureau." "On comprend bien mieux la situation lorsque des échanges ont lieu entre les membres du personnel des services administratifs et ceux des programmes", déclare M. Ron Villeneuve, chef des services administratifs du bureau de Sudbury. Ainsi, un agent d'indemnisation ou un

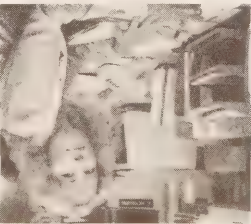
Comme M. Gibbs l'indique, il se peut que ce soit pour des raisons de survie que les bureaux régionaux demandent à leurs employés d'exercer plus d'une fonction spécialisée. Cela n'est d'ailleurs pas toujours possible au siège en raison de sa complexité structurelle. Néanmoins, cela a permis aux employés d'élargir leur champ d'action en accomplissant un plus grand nombre de tâches et d'être particulièrement réceptifs à ce qui se passe autour d'eux. En favorisant la communication et les rapports entre les membres du personnel et avec la communauté qu'ils servent, les bureaux régionaux ne visent qu'un seul objectif : fournir un service plus rapide et plus personnalisé aux membres de leur communauté.

La Commission des accidents du travail a déjà commencé à reproduire ailleurs le modèle de structure mis en oeuvre avec tant de succès dans ses deux bureaux régionaux, et compte poursuivre ce projet de décentralisation. L'objectif est avant tout d'accélérer le processus de décision et d'offrir des services rapides et efficaces aux travailleurs et employeurs de l'Ontario. ■

s sont vraiment faciles d'accès à en étroite collaboration avec les de réadaptation."



For Aziz Photography



Mrs Sandra Davis, agent d'indemnisation, London

Nombre de responsables et d'autres membres du personnel sont à présent bilingues et l'on encourage l'apprentissage du français chez le reste des employés.

Depuis que les services sont fournis à l'échelon régional, on peut observer un changement dans la façon dont est perçue la Commission par la population de ces régions. "Aux yeux des gens qui résident en dehors de Toronto, les décisions prises au siège revêtaient auparavant un aspect mystérieux", reconnaît M. John Topham, coordonnateur d'équipe au sein des services de la réadaptation professionnelle à London. "Le fait de s'adresser dorénavant au bureau de London semble moins intimidant à celui qui vient d'une petite ville."

Grâce à la régionalisation des services d'indemnisation en cas d'accident, (les demandes d'indemnités pour maladies professionnelles et les demandes de prestations de décès font toujours exception puisqu'elles sont toujours traitées au siège de la Commission), il est plus facile aux travailleurs blessés de passer les examens médicaux requis par la Commission étant donné qu'ils ne doivent plus se rendre à Toronto. Chaque bureau est doté de deux médecins-conseils ainsi que de deux salles d'examen pourvus de tout l'équipement médical nécessaires. Depuis février 1986, des agents de pension ont été affectés aux bureaux régionaux, ce qui permet aux travailleurs d'être examinés par un médecin et de connaître leur taux de pension au cours d'une seule visite.

L'intégration des agents de pension aux bureaux régionaux est une heureuse initiative", déclare avec enthousiasme Mme Sandra Davis, agent d'indemnisation principal au bureau de London. "Nous pouvons à présent, dit-elle, régler un dossier en dix fois moins de temps." L'ancien agent d'indemnisation, M. Michael Wantuck, actuellement en formation comme agent de pension au bureau de Sudbury, se réjouit tout autant de la décentralisation. "Maintenant, dit-il, les travailleurs peuvent se présenter à nos bureaux et obtenir sur place un service personnalisé, plutôt que de devoir se rendre à Toronto et courir le risque d'aggraver leurs maux."

"Nous avons éliminé les obstacles qui ralentissent les décisions", explique M. Tony Gibbs, chef des programmes et directeur intermédiaire du bureau régional de London. Par exemple, au siège de la Commission, les agents d'indemnisation répondent aux demandes de renseignements qui leur sont adressées par téléphone mais sont obligés, en raison de leur charge de travail considérable, de confier les entretiens en

Accès rapide aux dossiers

tête-à-tête avec les travailleurs à une équipe de conseillers en indemnisation dûment qualifiés. Par contre, dans les bureaux régionaux, les agents d'indemnisation qui s'occupent des cas d'invalidité prolongée ont une plus petite charge de travail. Cela leur permet non seulement de répondre au téléphone mais d'accorder des entretiens à tous ceux qui se présentent, même s'ils n'ont pas pris préalablement rendez-vous. En outre, les agents d'indemnisation sont souvent appelés à parler en public et à répondre aux questions de ceux qui désirent des renseignements sur le fonctionnement de la Commission.

Par ailleurs, les agents d'indemnisation s'occupent de la tenue des dossiers qui leur sont confiés. Ils exercent seuls un contrôle sur tous les dossiers courants qui leur sont confiés, sont pleinement responsables de la circulation de leurs dossiers, c'est-à-dire de la sortie et du retour de ceux-ci en cas de transfert à un autre service et enfin les ont à portée de la main. Grâce à ce système, les agents d'indemnisation peuvent consulter un dossier en tout temps et répondre rapidement à toute demande de renseignements qui leur est adressée.

Un projet visant à assigner à chaque agent une charge de travail mieux "intégrée" fait actuellement l'objet d'une étude. Cette mesure permettrait d'éliminer la circulation des dossiers entre l'agent qui s'occupe initialement du dossier et les deux autres catégories d'agents d'indemnisation qui gèrent les cas d'invalidité prolongée. Selon le nouveau système, les agents s'occuperont de toutes les étapes d'un dossier du début à la fin. Ainsi, un travailleur blessé ne traitera plus qu'avec un seul agent jusqu'à ce que son dossier soit enfin réglé. Cette façon de procéder permettra un meilleur contrôle des dossiers et diminuera les retards et les risques d'erreur, en particulier au stade de la décision initiale.

Quelle que soit la division de la Commission à qui sont adressées les demandes de renseignements, les réponses sont promptes. Comme l'explique M. Adamson, "Les problèmes sont résolus sans délai dans un bureau régional car il y a toujours sur place un employé qui peut immédiatement répondre aux questions posées. Par exemple, si un travailleur blessé se plaint de ne pas pouvoir joindre un employeur, l'agent de réadaptation peut tenter de l'appeler immédiatement."

La taille même des bureaux régionaux facilite la communication entre les membres du personnel — les bureaux de London et de Sudbury

Les bureaux régionaux AU SERVICE DE LA COMMUNAUTÉ

par Marilyn Kay

"Rendre nos services plus accessibles au public" sont les termes que choisit le nouveau vice-président des Services aux clients de la Commission des accidents du travail, M. Jim Gardiner, pour décrire la décision de la Commission d'ouvrir trois nouveaux bureaux régionaux et de décentraliser les activités du siège de Toronto.

En avril dernier, la Commission annonçait que trois de ses bureaux locaux en Ontario feraient fonction de bureaux régionaux dont le mandat serait entre autres de régler les demandes d'indemnités, de pensions ou d'autres prestations, indépendamment du siège de la Commission. Le bureau local de Hamilton deviendra donc un bureau régional en novembre 1986. Ceux de Thunder Bay et d'Ottawa le deviendront au printemps 1987.

Vers la fin de l'année 1980, la Commission des accidents du travail a ouvert deux bureaux régionaux en Ontario, à titre d'essai. Ces bureaux régionaux, l'un à London et l'autre à Sudbury, ont prouvé que grâce à la décentralisation, les services de la Commission étaient plus accessibles au public et mieux adaptés aux besoins de ces régions.

En outre, la Commission procède à sa réorganisation interne depuis juin 1986, en s'inspirant de divers aspects de l'approche intégrée du travail en équipe adoptée par les bureaux de London et de Sudbury. Dans ces bureaux, un personnel bien organisé et efficace fournit au public un service rapide et personnalisé.

La Commission n'a pas amorcé le processus de décentralisation de ses activités de but en blanc. En 1950, elle ouvrait son premier bureau local à Thunder Bay en vue de servir le Nord de l'Ontario. Au fil des années, elle a mis sur pied des bureaux locaux et des centres d'information à Ottawa, Windsor, Kitchener-Waterloo, North Bay, Hamilton, Kingston, St. Catharines, Sault-Ste-Marie et Timmins.

"Maintenant les travailleurs peuvent se présenter à nos bureaux et obtenir sur place un service personnalisé, plutôt que de devoir se rendre à Toronto !."



M. Michael Wantuck, agent de pension, Sudbury

Quant aux travailleurs, employeurs et autres habitants des communautés en question, ils sont d'avis que, depuis l'ouverture de ces bureaux, la Commission est beaucoup plus accessible et sensible à leurs besoins. Ainsi, pour répondre aux attentes de la forte population francophone de Sudbury, le bureau régional de Sudbury a déclaré bilingues certains postes. Longtemps avant que la législation ne l'exige.

"Dans notre travail, nous mettons à profit les connaissances que nous acquérons sans cesse sur la communauté que nous servons", explique M. Dave Adamson, directeur du bureau de Sudbury. "La plupart des employés du bureau régional sont nés de la région, si bien qu'ils connaissent déjà la population et sa mentalité". Le fait pour les employés de connaître la région où ils travaillent — et dans certains cas, il s'agit en fait de travailleurs réadaptés, auparavant au service d'industries locales — présente des avantages certains lorsqu'ils s'occupent des dossiers et des programmes de réadaptation. "Par exemple, nous pouvons être plus souples lorsqu'il s'agit d'accorder des allocations de transport parce que nous savons s'il y a une pharmacie dans la localité où réside le travailleur ou s'il est obligé de se rendre en taxi pour acheter des médicaments prescrits par un spécialiste de l'aide médicale au bureau de London. "Nous savons également où se trouve la clinique de physiothérapie ou de chiropraxie la plus proche de façon que le travailleur n'ait pas à se déplacer plus loin qu'il ne le faut."

Le personnel connaît la région

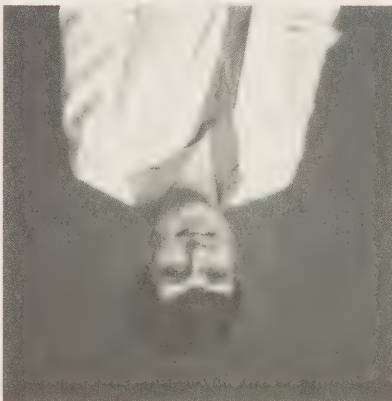
Ces bureaux offrent toute une gamme de services, comme par exemple répondre aux demandes de renseignements relativement à l'indemnisation, mener des enquêtes, s'occuper de la réadaptation professionnelle et du placement des travailleurs et donner des renseignements sur les nombreux autres services de la Commission des accidents du travail. À la différence des bureaux régionaux, les bureaux locaux et les centres d'information ne prennent toutefois pas de décisions en matière d'indemnisation. L'épreuve concluante pour les bureaux régionaux de London et Sudbury a été de s'assurer qu'ils pouvaient prendre des décisions conformes aux directives et aux règlements législatifs de la Commission, sans en référer au siège de Toronto. Ces bureaux ont non seulement satisfait à ces exigences mais ont également prouvé qu'on pouvait tenir compte des particularités régionales en traitant les dossiers à l'échelon local.



M. Bob Reilly, vice-président, Services administratifs. (En haut, à droite)



M. Jim Gardiner, vice-président, Services aux clients. (En bas, à gauche)



Dr. Elizabeth Kaegi, vice-présidente, Planification des politiques internes et services spéciaux. (En bas, à droite)

directeur général de la Division des services financiers. M. Reilly a dernièrement présidé le comité chargé de la régionalisation à la Commission.

Dr. Elizabeth Kaegi a été nommée au poste de vice-présidente, Planification des politiques internes et services spéciaux, après avoir été membre du nouveau conseil d'administration de la CAT depuis sa création en octobre 1985. Avant de se joindre à la Commission, elle a occupé à la fois les postes de directeur de la santé et la sécurité au travail et de directeur médical à l'entreprise CIL inc., où elle travaillait depuis 1981. Avant d'entrer à la CIL, Dr. Kaegi a occupé divers postes à l'Université de Calgary et auprès du ministère de la Santé, de la Sécurité et de l'Indemnisation des travailleurs. Elle détient également une maîtrise en sciences en épidémiologie et biostatistique de l'Université McMaster. Elle est membre de la Commission canadienne de la médecine du travail.

Avant d'occuper le poste nouvellement formé de vice-président, Services aux clients, M. Jim Gardiner a assumé les fonctions de directeur général de la Division des services d'information de gestion. À titre de directeur général, M. Gardiner était en charge de la réorganisation des systèmes d'information de gestion, plaçant ainsi la Commission à l'avant-garde de la technologie informatique. Avant de se joindre à la Commission en 1984, M. Gardiner a occupé divers postes de gestion chez Canron Inc., Ford Class Inc. et Canadian Breweries Ltd. M. Gardiner possède un diplôme en mathématiques et en informatique de l'Université York.

Une nouvelle structure en vue de changements

Les services de la Commission ainsi regroupés forment la structure de base essentielle à la mise en place des changements considérables dans les pratiques quotidiennes de la Commission touchant au traitement des demandes d'indemnité, à l'élaboration des politiques et aux méthodes de travail de la Commission. Un groupe de travail relevant des Services aux clients a été chargé d'examiner les possibilités de décentraliser davantage encore les services d'indemnisation, de réadaptation professionnelle et les services médicaux. Ce groupe a également pour mission d'élaborer un plan, sur le modèle des bureaux régionaux, visant à confier à une équipe l'ensemble du dossier d'un travailleur. "Notre objectif est d'offrir des services beaucoup plus rapides qui répondent aux besoins particuliers des travailleurs et des employeurs", déclare M. Gardiner, vice-président, Services aux clients.

Elaboration des politiques à l'étude

Un deuxième groupe de travail est chargé d'étudier comment la Commission pourrait élaborer ses politiques opérationnelles d'une manière coordonnée plutôt qu'isolée. "Je veux logiquement de la Loi sur les accidents du travail et des décisions du conseil d'administration, soient aussi simples que possible et soient appliquées uniformément par les différents services", déclare Dr. Kaegi, vice-présidente, Planification des politiques internes et services spéciaux. La réorganisation actuelle de la Commission des accidents du travail se traduira par la prestation de services plus rapides et personnalisés aux clients de la Commission et par une plus grande intégration du personnel et de leurs fonctions.

Selon le nouveau président et vice-président de l'administration, M. Wolfson, "l'interaction et le travail en équipe sont essentiels. Il ne faut pas seulement mettre l'accent sur l'amélioration des services offerts aux clients mais aussi sur l'intégration de toutes les activités de la Commission de manière à favoriser une collaboration étroite entre les services et les membres du personnel à tous les échelons." ■

Réorganisation

DES SERVICES ADMINISTRATIFS

DE LA COMMISSION

La Commission des accidents du travail a récemment modifié sa structure administrative marquant ainsi l'une des premières mesures visant à intégrer les services aux clients et à rationaliser ses politiques et ses services administratifs.

Cette réorganisation est le résultat de deux ans d'études intensives, effectuées aussi bien à l'intérieur qu'à l'extérieur de la Commission, sur la manière dont la Commission pourrait améliorer la prestation des services aux travailleurs et aux employeurs.

Les activités de la Commission ont été réparties entre trois secteurs principaux, notamment les Services aux clients, la Planification des politiques internes et services spéciaux et les Services administratifs. Chaque secteur est administré par un vice-président qui relève du président et vice-président de l'administration (anciennement vice-président de l'administration et gestionnaire général). Les trois vice-présidents nouvellement nommés se joignent au président à titre de membres du nouveau comité exécutif. Les décisions du président seront basées sur les recommandations de ce comité.

Nouvelles nominations

Conjointement à l'annonce de la nouvelle structure administrative de la Commission des accidents du travail, le président du conseil

d'administration, Dr Robert G. Elgie, a annoncé les nominations suivantes : M. Alan Wolfson, président et vice-président de l'administration, Dr Elizabeth Kaegi, vice-présidente, Planification des politiques internes et services spéciaux, M. James A. Gardiner, vice-président, Services aux clients, et M. Robert D. Reilly, vice-président, Services administratifs. M. Wolfson, entré en fonction en septembre 1986, succède à M. Alan G. MacDonald qui a pris sa retraite après 41 années de service à la CAT. Dr Kaegi est entrée en fonction le 1^{er} juillet 1986 et M.M. Gardiner et Reilly en juin dernier.

Les Services aux clients intègrent les activités de la Division des services d'indemnisation, certaines des fonctions de la Division des services médicaux et de la Division de la réadaptation professionnelle, et celles des bureaux régionaux de la Commission à London et Sudbury. La Planification des politiques internes et services spéciaux assure la coordination des activités touchant à l'élaboration des politiques dans les



Le nouveau président et vice-président de l'administration, M. Alan Wolfson.

domaines de l'indemnisation, de la réadaptation professionnelle et des services médicaux. Le Centre de réadaptation de Downsview, l'Office d'information sur la santé et la sécurité du travail ainsi que les médecins de la Commission relèvent également de ce nouveau secteur. Les Services administratifs procurent le soutien nécessaire aux Services aux clients et à la Planification des politiques internes et services spéciaux pour tout ce qui touche aux questions juridiques et financières, aux statistiques, à l'information, aux communications, aux ressources humaines ainsi qu'aux communications.

Le nouveau président et vice-président de l'administration, M. Alan Wolfson, occupait anciennement le poste de sous-ministre adjoint, Programmes et politiques relatifs au travail, ministère du Travail. Il a un doctorat en économie de Harvard. Il a été professeur adjoint au département d'économie politique et au département d'administration de la santé de l'Université de Toronto, président de la Commission ontarienne de la main-d'œuvre et vice-président du Conseil consultatif sur la santé et la sécurité au travail.

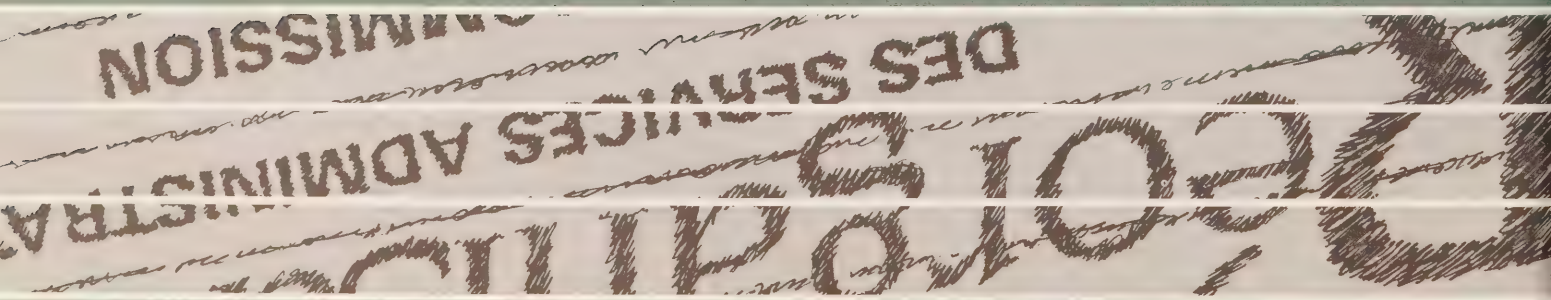
M. Bob Reilly, C.G.A., a assumé les fonctions de gestionnaire général adjoint de la Commission de 1983 jusqu'à sa nomination au poste de vice-président, Services administratifs. M. Reilly s'est joint à la Commission en 1954 et, depuis lors, a occupé divers postes de direction. Il a fait notamment fonction de directeur de la comptabilité, directeur de la Direction des recettes et



Workers' Compensation Board

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Commission des accidents du travail



Rapport

1 Une structure pour l'avenir

La nouvelle structure administrative de la Commission des accidents du travail est l'élément essentiel à la mise en place des principaux changements dans les pratiques quotidiennes de la Commission.

3 Les bureaux régionaux au service de la communauté

Grâce aux bureaux régionaux de la Commission, bientôt au nombre de cinq, le processus de décision sera beaucoup plus rapide et les membres de la communauté qu'ils desservent auront immédiatement accès à une vaste gamme de services.

6 Le Comité des normes en matière de maladies professionnelles

D'importantes questions sont déjà à l'ordre du jour du nouveau Comité des normes en matière de maladies professionnelles, dont les membres ont été nommés au cours de l'été.

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En bref

Aux dernières nouvelles dans la presse nationale : M. A.G. MacDonald, président et vice-président de l'administration, prend sa retraite; sommaire du Rapport annuel de 1985.

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Vol. 10 No. 1, 1987

Rapport

Research Addresses Special Needs

Several important research projects, tailored to the special medical and rehabilitation needs of injured workers, are currently underway in the Board's Downsview Rehabilitation Centre.

A Regional Perspective

The opening of two new regional offices for the Board means improved service in the adjudication and management of workers' compensation claims.

Smoke-Free at Work

With the growing demand for and acceptance of smoke-free workplaces, more and more employers, employees and governments alike are taking steps to stem the tide of smoking on the job.

1 A Study in Education

A major project — the first of its kind in Ontario — is currently underway to evaluate occupational health and safety education in the province and its effectiveness in meeting the needs of the workplace.

4 Short Takes

Workers' Compensation Board employer assessment rates for 1987 and the death of a member of its Board of Directors are the subject of news items in this issue.

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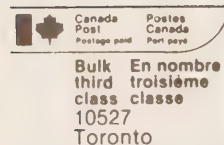
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ADDRESSES SPECIAL NEEDS

by Linda Cahill

The man with the bad back clutched a small metal box and sighed with relief. As he pressed a black button, electrical impulses began flowing through wires taped to his lower spine — interrupting the flow of pain signals to his brain. Carefully, he shifted his weight on the stretcher and sat up to thank his therapist.

It was a typical Friday morning treatment session at the Workers' Compensation Board's Downsview Rehabilitation Centre (DRC) in suburban Toronto. That night, the patient — an injured worker — would take the portable TENS unit home for the weekend.

Until the transcutaneous electrical nerve stimulator (TENS) was invented a few years ago, patients like this one may have had to suffer the pain of a strained back throughout the months it took to heal. Now he can take treatment for it, including remedial gym work, and can ease his pain while at the Centre and at home. "It really makes a difference," confirms the grateful patient.

A therapist at the Centre monitors the use of a TENS unit in treating a patient's back pain.



Antonio Barone

Evaluating which injured workers may benefit from the permanent home use of TENS is just one of the ground-breaking, highly respected studies being done at the Downsview Rehabilitation Centre. There, teams of dedicated researchers are on the frontlines of developing innovative techniques tailored to the special medical and rehabilitation needs of injured workers.

The Centre treats about 625 injured workers (on both an in- and out-patient basis) at any given time, paying close attention to their emotional, vocational and social needs as well as their physical condition. "A lot of our patients are anxious, nervous, in pain, and finding it difficult to cope," says Dr. Kenneth Paisley, assistant director of Medical Services and chairman of the Research Committee at the Centre.

Team approach

"Our philosophy of management is that it is a multi-disciplinary team approach that works here," Dr. Paisley explains. "We have 20 clinics, each headed by a staff physician. It is quite different from the outside world. Here, doctors, physiotherapists, remedial gymnasts, occupational therapists, vocational rehabilitation specialists and psychologists all work together in a team environment."

That team approach to treating injured workers influences the Centre's current and ongoing research projects as well. Studies include an inquiry into gait analysis techniques — or how the way people walk helps to reveal where they are hurt — and computerized psychological testing. Another study looks at patterns of grip strength.

Since back injuries account for an overwhelming proportion of the injuries treated at the DRC, a back study now underway is of prime importance to the Centre. About 7,000 patients were admitted to the general rehabilitation program last year, 66 per cent of them with back injuries, says Dr. Paisley. "In order to have an effective treatment program, we need to know the outcome of our current treatment, and how we can modify treatment to enhance success."

Computerized psychological testing provides an objective setting in which patients can respond to psychologists' questions.



With this in mind, the Centre's Back Assessment and Rehabilitation Clinic, under the direction of Dr. Geoffrey Lloyd, began studying 200 former patients early in 1985. The research involves a survey of the Downsview "graduates" one year after discharge. Actual questioning has been conducted by four research fellows from prominent hospitals in England, each spending six months to a year on rotation at the DRC.

Patients surveyed volunteered for the research and were informed that it would not affect their benefits in any way. Working with a Board rehabilitation counsellor, volunteers answer a four-page questionnaire about the circumstances surrounding their injury, the type of work they do — or did, and their recovery.

"One thing lacking up to now has been follow-up on the general rehabilitation patients after discharge," confirms Dr. Paisley. "We have a computer expert from the University of Toronto sorting out the variables in our survey results in order to find out what patterns are coming up." Although the study will not be completed until mid-1987, Dr. Paisley is intrigued by the team's early findings. "We have some preliminary results, but we have yet to analyse and interpret them. We're pretty excited by it."

Another new concept being tested and developed — this one in the DRC's Physiotherapy Department — is a computerized movement notation system. The program, which uses a form of shorthand to record leg and body movements on a computer, is the brainchild of Dr. Aftab Patla of the University of Waterloo. In conjunction with Jane Proctor, physiotherapy researcher at the Centre, he has been working for the past two years on refining methods of collecting the data.

Videos are taken of patients with gait deficiencies — problems in their manner of walking — and are viewed for the purpose of extracting information about the parameters of movement, which is entered into a computer program. Ultimately, it is anticipated that, by using this method, physiotherapy staff will have a more standard, reliable method of recording their visual assessments of a patient's walking pattern. It will, in turn, provide clinicians with an accurate record of the patient's progress as he or she works towards improving total function.

Other research projects currently underway in the Physiotherapy Department include improving the treatment of reflex sympathetic dystrophy patients.

Potential benefits

The potential benefits of computer assessments to patient care is also being studied by the Centre's Psychological Services. Dr. Neville Doxey, chief psychologist at the DRC, is looking at the feasibility of computerizing the administration, scoring and interpretation of psychological tests, the advantages of which appear numerous. Computerized testing provides an objective setting in which patients can respond to psychologists' questions. And the majority of patients find it easier and more enjoyable than the traditional pencil-and-paper tests, agree Dr. Doxey and fellow researchers, Dr. Catherine Yarrow and psychometrist Lance Mitson.

"I like it. I think this type of testing is good," confirms a patient at the Centre. "It offers an opportunity for people to get introduced to using a computer." Dr. Doxey has also observed that patients sitting in front of a computer screen complete their tests more quickly. "My responses are far better — I don't make mistakes filling in the blanks," agrees the patient. In addition, computerized test scoring is error free, compared with an error rate of about 30 per cent for hand-scored tests. "It's also much faster, taking one eighth of the time required for non-automated scoring.

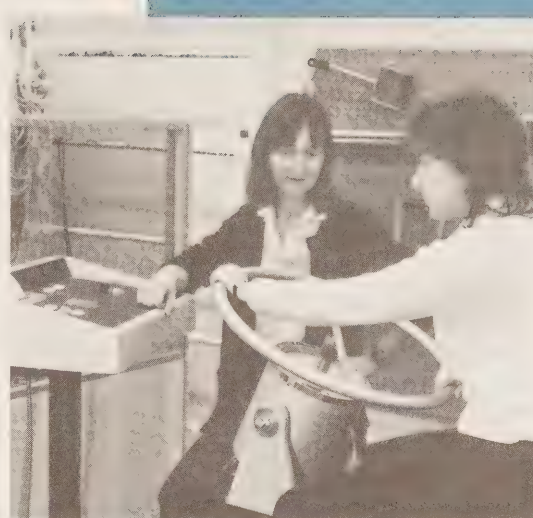
Researchers at the DRC have tried two types of computerized testing, one utilizing an electronic notepad pencil and another which allows patients to type their answers at the keyboard. A new multilingual test has also been developed — the DRC Symptom Checklist — which can be administered in English, French, Italian, Portuguese, Polish, Slovak, and soon in Spanish, Czech and Serbian.

Even more exciting is the team's work with a system that allows a computer to speak to the worker using it — in his or her own language. "By using a computer in this way, we can perform full psychological assessments for all patients in their own language," says Dr. Doxey, "and can finally provide needed objective psychological testing services to illiterate patients. Once the system is perfected, the computer will ask the questions and the worker can answer into a microphone." Results will then be tabulated and printed out by the computer. Dr. Doxey already has the software to present the DRC Symptom Checklist in English and Italian, both on the screen and orally. The reproduction of the human voice, as in other digital recordings is, he confirms, remarkable.

Manual tasks simulated

Computerized testing is also playing a role in the Occupational Therapy Department. Therapist Paul Chugh is particularly keen on the new computerized hand exercise machine — the Baltimore Therapeutic Exerciser (BTE). It can simulate the manual tasks of using 20 different tools, from bus driving (including managing the big steering wheel and opening doors), to sweeping, swinging a bat, and carrying groceries. "We are the only Occupational Therapy department in Canada that has it so far," enthuses Chugh.

A patient using one of the job simulator tools is assessed by computer. Within seconds, the BTE prints out data including the tool used, the type of exercise performed and for how long, how much force it took to perform, and how much power the worker put into it. The BTE machine describes exactly how much muscle strength or output is required for different tasks. "It is an excellent machine and it has great potential,



The Baltimore Therapeutic Exerciser can simulate the manual tasks of using 20 different tools, from steering a bus to gripping a hand tool.

but it will never — repeat never — replace an occupational therapist," Chugh jokes.

Chugh, who is secretary of the DRC's research committee, is also studying the correlation between a patient's state of mind and the strength of his or her grip. He says it is possible that patients suffering from stress or depression have weaker measurable grip strength than those who are not. "We start from the assumption that there will be no provable connection between the two, but it will be interesting to find out," he explains.

That need to find out how an injury affects the worker and what can be done to alleviate the problem of pain is key to research at the Board's Downview Rehabilitation Centre. "One of the characteristics of a researcher is that we're curious to find out the truth," says Dr. Paisley. "The theory must fit all the facts."

"What we're looking for," concludes Dr. Paisley, "is to improve our methods of managing, assessing and treating all types of injuries, in order to facilitate the return of the injured worker to work at an earlier stage. A return to work restores self-confidence within the family circle, which is very important in order for the family to function harmoniously." ■



Antonio Barone

BOARD OPENS NEW *Regional Offices*

4

The Workers' Compensation Board recently opened two new regional offices, promising improved service in the adjudication and management of workers' compensation claims.

The Hamilton Regional Office was officially opened on November 18, 1986, and the Thunder Bay Regional Office on December 9. Both were formerly area offices, which provided information and assistance with respect to compensation claims but performed no claims adjudication functions.

In the new regional offices, operations have been expanded to include accident claim registration and adjudication, disability pension adjudication (to begin in Thunder Bay in early 1987), compensation payment authorization, health care account processing, in-house medical consultation and, in Hamilton, local medical examination of injured workers. These services were formerly handled by the Board's Toronto head office.

The two new offices are the third and fourth regional offices to be opened by the Board. Full-service offices were established in London and Sudbury in 1980 as pilot projects in regionalization. Since then, they have been acclaimed for their efficiency and their personalized business style.

"Workers and employers appreciate the opportunity to meet face-to-face with WCB decision makers," said Board Chairman Dr. Robert Elgie. "WCB staff who live and work in the area are better attuned to both the needs and the resources of their community."

Regional offices in Hamilton and Thunder Bay will result in a number of benefits to injured workers, employers, doctors and other health care professionals. These include more responsive and personal service; faster processing of payments; and greater availability of claims information, combined with extensive vocational rehabilitation counselling and financial services.

The Hamilton Regional Office manages about 10,000 active compensation claims at any given time — 16 per cent of the provincial total. The area it serves includes the regional municipalities of Halton, Hamilton-Wentworth, Haldimand-Norfolk, Niagara, and the County of Brant. WCB information office staff in St. Catharines also report to the Hamilton office.

The Thunder Bay Regional Office has a daily caseload of about 2,200 active compensation claims. The area it serves includes the districts of Thunder Bay, Rainy River and Kenora.

Among new staff hired for these offices — most of them from the regions themselves — were several rehabilitated injured workers, who came on staff through the Board's employment equity and vocational rehabilitation programs.

In tandem with the decision to open regional offices in Hamilton, Thunder Bay and, in May 1987, Ottawa, the Board is taking steps to reduce the average number of cases handled by claims adjudicators throughout the organization. In Toronto, this objective will be achieved through the transfer of cases to the new regional offices.

Lower caseloads will result in a higher level of service to injured workers and employers across the province, as adjudicators have more time to spend on each compensation case. The quality of claims management, including follow-up of ongoing cases, is expected to improve significantly. ■

For more information on these two new offices contact:

*Hamilton Regional Office
Standard Life Centre
Plaza Level
120 King Street West
Hamilton, Ontario
L8P 4V2
(416) 523-1800;*

*Thunder Bay Regional Office
410 Memorial Avenue
Thunder Bay, Ontario
P7B 3Y5
(807) 343-1710.*

Board Chairman Dr. Robert Elgie (l.) and Labour Minister William Wrye unveil a plaque to mark the opening of the Hamilton Regional Office, as regional director George Picken looks on. (Bottom left)

Dr. Robert Elgie and William Wrye field questions from the press at the opening of the Board's Thunder Bay Regional Office. (Bottom right)



Reg Vertoli



Lucas Photographics

Smoke-Free

AT WORK

by Linda Cahill

About the year 1545, English explorers introduced the court of Queen Elizabeth I to the North American Indian habit of smoking. Sir Walter Raleigh, a popular courtier, whose face can still be seen on packets of pipe tobacco, popularized the new habit throughout England.

But even then there was opposition. Among the first and most determined anti-smokers was Elizabeth's own successor, James I. As early as 1604, he condemned the growing habit and its "black, stinking fume" as "...a custom loathsome to the eye, hateful to the nose, harmful to the brain, (and) dangerous to the lungs...."

Health message sinking in

King James' "Counterblast to Tobacco" didn't stop the growing army of smokers, despite his remarkably acute analysis of what smoking can do to the body. But moving to this century — and the past few years in particular — the health message has begun to sink in. Armed with the scientific evidence of the dangers of smoking — and of even second-hand smoke — private citizens, workers, companies, and governments have all taken the initiative to stem the tide of smoking.

Most recently, the result in Ontario has been a groundswell of demands for smoke-free workplaces. Among the companies, municipalities and government departments which have already acted to ban or inhibit smoking on the job are: the Workers' Compensation Board, Health and Welfare Canada, Treasury Board in Ottawa, The Halifax Insurance Company and Halifax Life Insurance Company, and National Life of Canada — all in Toronto, the Department of Regional Industrial Expansion in Ottawa, and the cities of Cambridge, Hamilton, Toronto, and Scarborough.

Other such institutions include University Hospital in London, Ottawa General Hospital, North York General Hospital and Sunnybrook Hospital in Toronto, as well as many of the province's school boards, and at least three daily newspapers — *The Kingston Whig Standard*, *The Toronto Star*, and *The Globe and Mail*.

When *The Globe and Mail* went smoke-free last year, many employees feared their work would suffer if they were not permitted to smoke at their desks. But most accepted the new policy well, including some of the long-term smokers. Smoking is permitted in the cafeteria and smoking room at *The Globe's* Toronto office.

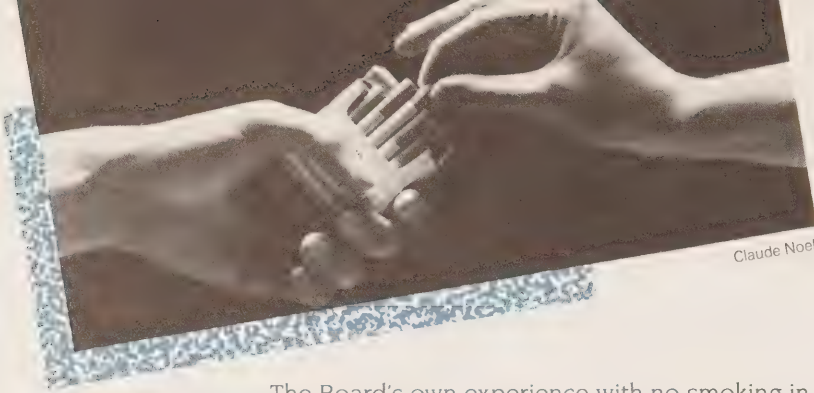
Copy editor Phil Jackman wasn't sure how he would cope with the new regime, but found it surprisingly simple: "I've cut down on smoking and saved money since the ban came into effect. I used to smoke 15 cigarettes a day — now it is two."

Ban introduced quickly

At *The Globe and Mail*, both publisher and union favoured the smoking ban, which was therefore introduced quickly. Employees were given three months warning before ashtrays disappeared from their desks. Admits Jackman, "There was some annoyance expressed at the beginning, but that has subsided now."

Other organizations, including the Workers' Compensation Board, have acted more slowly in implementing non-smoking policies, but with similar results. Most employees, including smokers, are usually happy to breathe the clearer air they enjoy once smoking is banned.





The Board's own experience with no-smoking in the workplace began at the Downsview Rehabilitation Centre (in suburban Toronto) in 1983, when a policy which designated smoking and non-smoking areas of the Centre was implemented. In July 1984, the City of North York, where Downsview is located, adopted a bylaw banning smoking in hospitals, medical offices and reception areas, among others. The Centre further toughened its policy the following year, declaring it a no-smoking area except for designated smoking areas.

In the Board's Ottawa office, an inspector from the Ottawa-Carleton Regional Health Unit conducted an inspection in 1985 as a result of a complaint by a Board employee. A non-smoking policy was recommended and employees voted in favour of the proposal. The Ottawa office has been smoke-free ever since.

The WCB's management committee passed a motion in August 1985 favouring a smoke-free workplace province-wide. In March 1986, a staff survey found 75 per cent of the Board's 4,000 employees in favour of a smoke-free environment. Finally, in September 1986, the Board's "Smoking in the Workplace" steering committee announced that, as of January 1, 1987, the WCB would ban smoking everywhere in the Board.

Employees developed plan

"The decision to go smoke-free came from every level, reaching all the way to the Board of Directors," explains steering committee member Iris Hope, herself a smoker. "What's more, the implementation plan came from employees, not the executive or even the Board of Directors." Adds Hope, "Consideration and cooperation are definitely crucial to the phasing in of the smoke-free environment."

In announcing the initiative to employees, Board Chairman Dr. Robert Elgie said, "As your Chairman, I personally endorse the employee action plan. I am sure these changes will improve our work environment and enhance the well-being of all Board employees."

In the course of researching alternatives for a smoke-free workplace, the Board's steering committee examined a series of similar moves across Ontario and in other provinces. At Health and Welfare Canada, for example, a non-smoking program was introduced by management, with employee cooperation. Employees were permitted to designate their work stations as smoking or non-smoking areas, and smoking rooms were made available where possible.

Such sweeping changes to the habits of Canadians have to be approached with sensitivity and consideration. Companies and government departments who have successfully implemented non-smoking policies or designated smoke-free areas stress that consultation and participation are key factors.

"A gradual approach works best," says Susan Stanfield, manager of Human Resources at National Life of Canada. Stanfield's company had a one-year phase-in plan to stop smoking in its downtown Toronto offices, including plans to go completely smoke-free in January 1987.

Staff prepared gradually

"People were prepared for the inevitable by a bulletin board education plan," says Stanfield. "whereby newspaper stories about smoke-free workplaces were posted, and people would say 'Hey, it is going to happen...it is inevitable.' It's this gradual recognition that no smoking in the workplace is coming that makes it possible." But as she also warns, "If any company thinks they can say there will be a ban starting tomorrow morning, they are asking for trouble."

Alison Fyfe, in the Employee Communications section of The Halifax Insurance Company and Halifax Life Insurance Company, also saw a smoke-free workplace as a certainty. The companies' joint head office in Toronto went smoke-free a year ago, on January 1, 1986. About 35 per cent of the 250 employees smoke, and are permitted to light up in the cafeteria, which has a special \$5,000 exhaust system.

"Smoking in the workplace has died as an issue," claims Fyfe of her office. "Everybody accepts it as inevitable and everybody is happy about it. Die-hard smokers are finding their own ways of dealing with the situation."

Insurance companies are in the forefront of banning smoking on the job. Having studied the costs associated with smoke-related diseases and with the simple wear and tear on smoke-filled offices, they believe that eliminating smoking saves money. They also offer special rates to non-smoking clients. Halifax Insurance, for example, gives 10 to 25 per cent discounts on premiums to non-smokers, says Fyfe.

An important element in instituting smoke-free workplaces over the last few years has been easing the transition for smokers. Some companies and institutions, including the Workers' Compensation Board, encourage employees to join stop-smoking programs and pay all or part of the cost of these support groups. Others find that, because so few employees smoked to begin with, the transition to a smoke-free office has all but taken place before it happens.

While workers and employers of this province have, to some extent, taken the lead in banning smoking on the job, provincial and federal governments are also involved in the issue.

The Ontario public service is currently studying proposals that would curtail smoking among 80,000 civil servants across the province. Lynda Heath, health and safety coordinator, Staff Relations Branch for the Human Resources Secretariat, Management Board of Cabinet, told *Rapport* that a draft policy is presently being reviewed.

Federal legislation considered

For its part, the federal government is considering new regulations restricting tobacco advertising and is pondering the whole issue of smoke in the workplace. Neil Collishaw, of the Tobacco Products Unit at Health and Welfare Canada, says his unit has been asked to look at various ways of dealing with tobacco products and smoking, both in the workplace and in public places under federal jurisdiction. He confirms that legislation is one of the options currently under consideration.

Tobacco provides the Canadian economy with \$5 billion a year — \$3 billion of which goes to taxes — and supports 7,000 manufacturing jobs. But critics point out that it also kills 35,000 Canadians each year, some of them through second-hand smoke. It also costs \$5 billion annually in tobacco-related diseases, such as cancer and heart trouble.

Meanwhile, on the municipal level, the Vancouver City Council has passed what some are calling the toughest anti-smoking bylaw in North America. As of December 1, 1986, the bylaw requires that every company and public institution in the Vancouver area restrict smoking to a specially designated area. Those locations must not be areas which non-smokers have to use at any time, and must be designed in such a way that the smoke does not affect non-smokers.

Geoffrey Rowlands, director of the Burrard area Health Unit in Vancouver, says the city received 7,000 calls on the bylaw within the first 10 days after it went into effect. All but 20 were favourable.

"Our marketing surveys showed us that 70 to 75 per cent of the adults in Vancouver are non-smokers," says Rowlands. "We wanted our bylaw to be part of the health bylaws in this city, and to consider non-smoking — rather than smoking — as the norm." Since the Vancouver law was passed, Victoria and Prince George, B.C. have also passed similar laws.

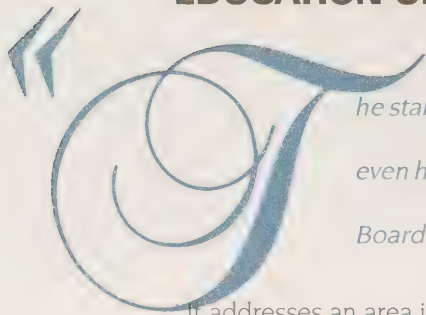
And in December 1986, the City of Toronto received permission from the Ontario government to introduce a special bylaw which would regulate smoking in the workplace. It would be modelled on a San Francisco law, passed several years ago, that puts the onus on employers to consult with employees and to develop a smoking policy acceptable to all concerned. If an agreement cannot be reached, then smoking is banned outright. The bylaw, the first of its kind in Ontario, is expected to be in place sometime this year.

The province of Quebec is considering strict anti-smoking legislation as well. Smoking would be banned in buses, subway cars, enclosed arenas, hospitals, churches, and most provincial government offices. This legislation would enable municipalities to enact their own legislation within their jurisdictions. It would also ban smoking among school boards.

As the momentum builds for smoke-free workplaces, it becomes apparent that Canadians have accepted that second-hand smoke is dangerous to our health. Responsible individuals, whether they smoke or not, no longer argue that smoking isn't dangerous — or that it doesn't affect non-smokers.

With the growing acceptance of smoke-free workplaces over the past few years, it seems clear that 1987 could mark a turning point in the history of smoking — and in the rights of non-smokers to clean air. ■





he stakes are extremely high, the benefits — both social and humanistic — even higher,” says Robert Bucher, chairman of the Workers’ Compensation Board’s Occupational Health and Safety Education Authority (OHSEA).

8

It addresses an area in which the greatest potential exists to reduce pain and suffering, and the high social cost of industrial accidents and diseases.”

What Bucher is referring to is a major project — the first of its kind in the province — currently underway through the OHSEA to evaluate occupational health and safety education in Ontario and its effectiveness in meeting the needs of the workplace. Surveys of both workers and employers are an essential element of the study, which will provide clear direction on priorities, roles and responsibilities in the provision of education on accident prevention.

The two-phase project, which commenced in October 1986, is being conducted by the Occupational Health and Safety Education Authority in cooperation with the nine provincial safety associations and the Ontario Workers’ Occupational Safety and Health Centre. The tripartite OHSEA is responsible for administering the Board’s occupational health and safety education program across the province and for providing direction and funding to the delivery agencies on the Board’s behalf.

While Ontario has shown leadership and innovation in the field of occupational health and safety education, the fact remains that workplace injuries and diseases exact a heavy toll in human suffering and financial loss. In 1985, the Board received more than 426,000 new claims and paid out \$1.0 billion in compensation, health care, rehabilitation and pensions. In order to maximize the effects of available education and training and to encourage the contributions of other groups in this area, including employers and labour unions, the OHSEA saw the need for a comprehensive planning and evaluation system for its programs and those of the delivery agencies.

A planning and evaluation program — Phase II of the study — is the ultimate goal of the project. “It will ensure a more comprehensive, integrated, efficient and cost-effective system involving parties in the workplace,” says Bucher. “What we all want is a world-class system of health and safety education in this province.”

“An evaluation system will help us as to where we can improve — and we all can improve,” explains Len Sylvester, general manager of the Construction Safety Association of Ontario (CSAO). “We welcome and endorse the development of the system. It’s long overdue.”

Planning for the study dates back to October 1985, when the OHSEA’s Joint Policy Review Board endorsed the need for the evaluation and asked the Authority to undertake it. After several meetings with representatives of the safety associations and the Ontario Workers’ Occupational Safety and Health Centre, terms of reference for the project were developed. At the request of Board Chairman Dr. Robert Elgie, a formal proposal was submitted to the Board of Directors in July 1986 for approval. The study has also received the support of Ontario’s Labour Minister, the Honourable William Wrye.

Three major projects

An external consulting group was hired to conduct the research, which consists of three major projects. The first two (Phase I) will be completed by June 1987, and the third (Phase II) by January 1988.

The first project in Phase I is a “needs assessment”, designed to determine Ontario’s needs in occupational health and safety education, the extent to which these needs are being met, and to give the OHSEA direction in terms of priorities and strategies for meeting them. This will be accomplished through the collection and analysis of relevant literature and statistics, interviews with experts in the field, and surveys of a sample of 500 employers and 3,000 workers in the province.

Among information to be gathered is a description of occupational health and safety education programs currently available in Ontario, their target groups, and the extent to which targets have been reached. The most common types of activities of the safety associations will be evaluated for cost and effectiveness, and recommendations made with respect to their appropriateness. The roles and relationships between the OHSEA, the delivery agencies and government ministries concerned with occupational health and safety education will also be examined.

"The kind of information being collected hasn't really been developed before in this training and education focus," says Clarence MacPherson, executive director of programs and field services at the Ontario Workers' Occupational Safety and Health Centre in Toronto. "By drawing on information about how workers are affected, it goes beyond the traditional needs assessment done by the Board."

The second project in this phase includes evaluations of specific activities commonly undertaken by the delivery agencies — namely, training courses and seminars, consultative services, and communication programs involving print materials. Approximately 67 training courses and 126 seminar/workshops are currently offered by the delivery agencies, broad categories of which will be studied in at least two different safety associations. Six consultative audit services offered to employers by various agencies will be evaluated for content. A sample of the 1,200 brochures, booklets, posters and other print materials available from the associations will also be examined.

Further analysis in this segment of the study will look at the voluntary nature of the relationship between the delivery agencies and the companies or workers they serve, and the role their boards of directors play. Study of a data retrieval program which fills specific health and safety information needs will also be conducted.

Positive response

"From what I hear, there is a positive response to the project from the safety associations," says Sylvester. "The spirit of openness has to be far more dominant in the future with respect to occupational health and safety."

Once information from Phase I becomes available, Phase II of the project — the design of a planning and evaluation system — will formally commence. While preliminary work on this phase and consultation with the safety associations began in the fall of 1986, formal aspects of the study get underway in March 1987.

The planning and evaluation system, to be designed by the OHSEA and the delivery agencies, will serve as an ongoing integrated process to support decision making by these groups concerning health and safety education programming. It will provide a means of ensuring public accountability for money spent on health and safety education and for effective pursuit of their missions. It will also give the delivery agencies appropriate evaluation criteria for their programs. More important, it will provide for ongoing system improvement and innovation in response to changing occupational health and safety needs in the province.

"Many programs are currently limited in their application to needs of workers, particularly in the area of occupational health," says MacPherson. "This will provide new direction for developing programs specifically aimed at workers."

"In the end, employers will benefit by virtue of better programs as well," confirms Sylvester. "It's just good business to evaluate your system."

Pilot testing

Once the planning and evaluation system is developed, pilot testing will be conducted in various delivery agencies and any necessary refinements made. The system is scheduled for full-scale implementation by January 1988.

"People here are very excited about the project — even the consultants are excited about it," says Paul Murdoch, project and research specialist for the Occupational Health and Safety Education Authority. "Eventually, there will be a payoff to the whole system that should impact on employers' assessment rates. And workers have the potential to gain more than anyone."

Bucher stresses the importance to the study of surveying workers and employers for their views. "It's essential to understand their needs in the workplace, not just the needs of the occupational health and safety professional," he explains. "In this way, the project allows us to define and redefine how to better exercise education in accident prevention."

Says MacPherson, "I think the potential is there for workers to have direct input on their needs in occupational health and safety education. It's a very timely study which will point the direction we should go to fill workers' needs."

"I think it's going to work," concludes Sylvester. "It can't help but work when you go to the recipients of the program for their response. We don't have all the answers." ■

Short Takes Short Takes Short rt Takes Short Takes Short Tak

10 MEMBER OF BOARD OF DIRECTORS DIES

The Workers' Compensation Board mourns the recent death of a member of its Board of Directors, Charles "Bud" Clark, 60, of St. Catharines, Ontario.

At the time of his sudden death, on December 6, 1986, Mr. Clark was Canadian director of the Amalgamated Clothing and Textile Workers Union.

Mr. Clark was appointed to the WCB's Board of Directors on October 1, 1985. On the weekend of his death, he had been scheduled to join other directors in Thunder Bay for the opening of the WCB's new regional office there.

Bud Clark was one of the outstanding leaders of the Canadian labour movement. He was a vice-president of the Canadian Labour Congress and the Ontario Federation of Labour, as well as international vice-president of his union and an assistant to the union's executive vice-president in New York City.

Born in Toronto, October 12, 1926, he started his union career in Brantford, where he was local president until 1955. He then became a union business representative and organizer.

Associates describe Mr. Clark as a tireless worker who appreciated his position as a labour representative on the WCB Board of Directors. "He found it fascinating," said union education director Gordon Vala-Webb. "He was always mindful that he had an important position there, representing organized workers."

A few months before his death, Mr. Clark had summed up his career in a newspaper interview: "I've always been a worker. If there was a fight to be fought or a challenge to be won, I've been there."

Mr. Clark is survived by his wife June and son Darren, 20. ■

1987 ASSESSMENT RATES

Workers' Compensation Board employer assessment rates for 1987 are now in effect. This year's increases average 8.7 per cent over comparable 1986 rates, and no individual rate group increase is greater than 14 per cent.

The Board shares the concerns expressed by workers, employers and government with respect to the underlying cost structure of the workers' compensation system. In order to examine the factors contributing to the rising costs of the past few years, the Board is commissioning an outside consultant to study rising accident rates, claims duration, and the rate and value of pension and supplement awards.

As an expression of its concern for increasing administrative costs, the Board has frozen these costs, in real terms, in its 1987 budget for the fiscal year.

The WCB expects that, unless there are substantial and unforeseen changes to the cost structure, the

period of high growth in assessment rates is coming to an end.

The 1987 assessment rates are, in fact, the final stage in a three-year strategy, announced in 1984, to deal with the Board's unfunded liability.

After consulting 50 employer groups and an outside actuary, it was decided to apply rate increases in each of three years—namely, 1985, 1986 and 1987. The maximum rate of increase was set at 15 per cent. The purpose of the increase was to eliminate the unfunded liability over a 30 year period.

As part of this program, the Board adopted a policy of prohibiting reductions in an employer rate group's assessment, even if the rate group had improved accident performance, as long as that group had an outstanding unfunded liability.

For 1987, however, the Board was able to introduce a modified policy which gives assessment rate reductions to groups with improved safety performance. This means

that 17 rate groups which were particularly successful in controlling their accident costs have had their rates cut for 1987.

They include such industry groups as mixed mining, nickel mining and mining contractors, pulp and paper mills, breweries, milling, car shops, and scrap metals.

The Board plans to work closely with employers during the year to develop an appropriate assessment rate strategy for 1988 and future years. In April, employers will be sent advance material on proposed 1988 assessment rates. Further consultation will occur between April and June of this year. ■

Brantford où il a été président de la section locale jusqu'en 1955. Il a par la suite continué ses activités à titre d'agent et de recruteur syndical. Ses collègues le

CAI. Il trouvait son travail fascinant, dit-il. Mais il ne trouvait pas son salaire satisfaisant. Il avait travaillé pour la Commission de l'éducation syndicale, il a toujours été conscient de l'importance de ses fonctions à la Commission, notamment de représenter les travailleurs indépendants.

présent,"
M. Clark laisse dans le
deuil sa femme, June,
et son fils, Darren,
âgé de 20 ans. ■

travaillait de l'Orlano, il était également vice-président adjoint au vice-

La table des taux de cotisation pour 1987 s'appliquant aux employeurs inscrits à la Commission des accidents du travail est désormais en vigueur. L'augmentation moyenne des taux pour 1987 est de 8,7 % par rapport aux taux de 1986. L'augmentation des taux de cotisation ne dépasse pas 14 %.

fait appel à un consultant indépendant pour évaluer les facteurs qui sont à l'origine de la dégradation de la documentation de ses activités. Ce consultant examinera l'augmentation de la fréquence des accidents et la durée des périodes d'indisponibilité ainsi que les raisons pour lesquelles les procédures de maintenance ne sont pas suivies.

La Commission s'est
d'ailleurs engagée à
gérer ses frais d'admini-
stration, en l'occurrence
sonnel, de façon à ne pas
être une charge pour les
autres services.

ceci, il faut que les dirigeants politiques et économiques prennent conscience de la nécessité de réduire les inégalités de revenus et de lutter contre la corruption.

groupes et une dette non provisionnée et remboursée.

Dans le cadre de ce programme, la Commission a adopté une politique bloquant la réduction des taux de cohabitation, même en cas de diminution du nombre d'accidents d'un grand de taux donné, à condition

de cotisation pendant
trois années consécu-
tives, soit en 1985,
1986 et 1987, l'aug-
mentation maximum
a été fixée à 15 %. Le
but de cette mesure,
étant d'amortir la dette
non provisionnée sur
une période de 30 ans

de la Commission.

taute. En effet, l'établissement des taux de cotisation de 1987 constitue l'étape finale d'un plan triennal élaboré en 1984, qui visait à absorber la dette non provisionnée

La Commission estime que l'augmentation des taux de cotisation tire à sa fin puisqu'en principe, la structure des taux de cotisation devrait pas être modifiée.

Commission et les
employeurs auront
lieu cette année entre
les mois d'avril et de
juin. ■

En avril prochain, la Commission enverra aux employeurs des documents préliminaires sur les taux de cotisation pour 1988 et les années suivantes.

et les entreprises de
récupération de fer-
raille.

tion minières, les entreprises
minières, les usines
de pâte et papier, les
brasseries, les moun-
ries, les ateliers de
mécanique automobile

réussit à contrôler leurs frais d'indemnisation ont été rajustés à la baisse pour 1987. Ces réductions affectent notamment les exploitations mixtes, les exploita-

groupes de taux qui ont fait des efforts marqués en matière de sécurité au travail. En effet, les taux de cotisation de 17 groupes de taux qui ont

"Les données sur la formation en santé et sécurité au travail que l'on va recueillir n'ont encore jamais été rassemblées à des fins d'éducation et de formation", déclare M. Clarence MacPherson, directeur général des programmes et services itinérants du Centre des travailleurs de l'Ontario pour la santé et la sécurité. Il ajoute : "Ce type d'étude, qui tient compte de la manière dont les travailleurs sont affectés, va beaucoup plus loin que l'évaluation traditionnelle des besoins effectuée par la Commission".

Le deuxième volet de la phase 1 consiste à évaluer les services offerts par les organismes de formation, à savoir les cours et les séminaires de formation, les services de consultation et les programmes de communication comportant la distribution d'imprimés. Environ 67 cours de formation et 126 séminaires et ateliers sont actuellement offerts par les organismes de formation et les grandes lignes de ces programmes seront examinées au sein d'au moins deux associations de sécurité. Six services consultatifs de vérification offerts aux employeurs par divers organismes seront étudiés. Un échantillon représentatif des 1200 brochures, dépliants, affiches et autres imprimés distribués par les associations sera aussi examiné.

À ce stade de l'étude, on procédera à une analyse plus approfondie de la nature des relations bénévoles entre les organismes de formation et les employeurs ou les travailleurs qu'ils servent et on étudiera le rôle joué par leur conseil d'administration respectif. D'autre part, une étude d'un programme de recherche documentaire visant à répondre à des besoins spécifiques en matière de santé et de sécurité sera effectuée.

Accueil favorable

"D'après les commentaires que j'ai entendus, les associations de sécurité ont accueilli ce projet favorablement, dit M. Sylvester. À l'avenir, nous devrons faire preuve d'une plus grande ouverture d'esprit en ce qui concerne la santé et la sécurité au travail".

Dès que les renseignements de la première phase seront disponibles, la deuxième phase, soit la conception d'un système d'évaluation et de planification, pourra officiellement commencer. Bien que les travaux préliminaires de cette phase et les consultations avec les associations de sécurité aient été amorcés l'automne dernier, l'étude proprement dite ne débutera qu'en mars 1987.

L'OIST, en collaboration avec les organismes de formation, préparera un système d'évaluation et de planification qui servira de référence aux organismes de formation pour prendre des décisions relativement à l'établissement de programmes de santé et sécurité au travail. Grâce à ce système, le public sera informé des sommes allouées aux programmes de formation en santé et sécurité et les organismes de formation disposeront de critères d'évaluation pertinents. En outre, ce système permettra à ces organismes

de réaliser leurs objectifs. Qui plus est, ce système sera assez souple pour être amélioré et modifié régulièrement afin de répondre à l'évolution des besoins en santé et sécurité au travail dans la province.

"Nombre de programmes actuels touchant les besoins des travailleurs sont limités dans leur application, en particulier dans le domaine de la santé au travail", constate M. MacPherson. "Le nouveau système permettra d'élargir les horizons et de mettre sur pied des programmes qui s'adressent aux besoins spécifiques des travailleurs", ajoute-t-il.

"À la longue, les employeurs bénéficieront également de ce système étant donné que les programmes de formation en santé et sécurité au travail seront plus adéquats, confirme M. Sylvester. Évaluer son propre système, c'est une question de bon sens".

Mise à l'essai

Une fois que le système d'évaluation et de planification sera mis sur pied, on fera des tests dans divers organismes de formation pour apporter, s'il y a lieu, des perfectionnements. Le système sera en principe opérationnel en janvier 1988.

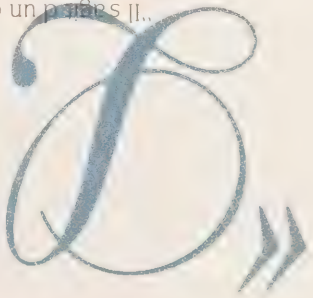
"Notre personnel, y compris les consultants, a réservé un accueil des plus enthousiastes au projet", constate M. Paul Murdoch, spécialiste des projets et de la recherche à l'Office d'information sur la santé et la sécurité au travail. "Au bout du compte, tous les intéressés en profiteront, notamment les employeurs dont les taux de cotisation devraient baisser. Ce sont sans doute les travailleurs qui bénéficieront le plus du nouveau système".

M. Bucher souligne l'importance du sondage mené auprès des travailleurs et du patronat pour connaître leurs points de vue. "Il est essentiel de comprendre leurs besoins sur les lieux du travail, et pas seulement ceux des professionnels de la santé et sécurité au travail. Cela donne la possibilité de définir et redéfinir quelles sont les meilleures méthodes de formation en matière de prévention des accidents".

"Je pense, déclare M. MacPherson, que les travailleurs ont désormais la possibilité de faire connaître leurs idées et suggestions dans le domaine de la formation en santé et sécurité au travail. Cette étude arrive à point puisqu'elle indiquera les nouvelles directions que nous devons suivre pour répondre aux besoins des travailleurs".

"Je suis convaincu que cette étude portera ses fruits, conclut M. Sylvester. Il ne peut en être autrement lorsque les bénéficiaires des programmes sont consultés. Nous ne saurions en effet avoir réponse à tout." ■

«L'enjeu est considérable et les avantages, tant du point de vue social qu'humanitaire, le sont encore plus», déclare M. Robert Bucher, président de l'Office d'information sur la santé et la sécurité au travail (OISSST).



«Il s'agit d'un domaine où l'on peut réduire la douleur et la souffrance ainsi que les coûts extrêmement élevés des accidents de travail et des maladies professionnelles»

M. Bucher fait référence ici à un projet ambitieux émanant de l'OISSST, le premier de ce genre dans la province, visant à évaluer les programmes de formation en santé et sécurité au travail en Ontario et à déterminer s'ils répondent efficacement aux exigences du milieu du travail. Un des aspects essentiels de l'étude consiste à faire des sondages auprès de travailleurs et d'employeurs sélectionnés au hasard pour avoir une idée précise des priorités, des rôles et des responsabilités touchant à la formation en prévention des accidents.

Ce projet en deux phases a débuté en octobre 1986. Il est dirigé par l'OISSST en collaboration avec les neuf associations de sécurité provinciales et le Centre des travailleurs de l'Ontario pour la santé et la sécurité. L'OISSST est chargé d'admettre les programmes de formation en santé et sécurité au travail de la Commission dans l'ensemble de la province. Son rôle consiste également à fournir, au nom de la Commission, le soutien et l'aide financière nécessaires aux organismes de formation.

Bien que l'Ontario ait fait preuve d'initiative et de hardiesse en matière de formation en santé et sécurité au travail, il n'en reste pas moins que les accidents du travail et les maladies professionnelles demeurent lourds de conséquences tant au niveau humain que financier. En 1985, la Commission a reçu plus de 426 000 nouvelles demandes d'indemnités et a déboursé un milliard de dollars en indemnités, prestations d'aide médicale, pensions et programmes de réadaptation. Pour maximiser les avantages offerts par les programmes d'éducation et de formation en vigueur et pour s'assurer la participation d'autres groupes, notamment le patronat et les syndicats, l'OISSST a conçu une méthode d'évaluation et de planification globale de ses programmes et de ceux des organismes de formation en santé et sécurité du travail.

Un programme d'évaluation et de planification, soit la deuxième phase de l'étude, constitue l'objectif final du projet. «Cela nous permettra d'avoir un système plus complet et efficace, mieux intégré et économiquement viable, impliquant tout un chacun au sein du milieu du travail, commente M. Bucher. Evidemment, nous voulons tous avoir en Ontario un bon réseau de formation en santé et sécurité au travail».

Trois projets principaux

Un groupe de consultation externe a été choisi pour mener à bien l'étude qui comporte trois volets principaux. Les deux premiers volets constituent la première phase se termineront en juin 1987 et le troisième (deuxième phase), en janvier 1988.

Le premier volet de la phase I est une "évaluation des besoins". Cette évaluation vise à définir les besoins de l'Ontario en matière de formation en santé et sécurité au travail, à établir dans quelle mesure ces besoins sont satisfaits et à donner des directives à l'OISSST quant aux priorités et aux stratégies à adopter. Pour ce faire, il faudra rassembler et analyser la documentation et les données statistiques pertinentes, interroger des experts en la matière et mener des enquêtes auprès de 500 employeurs et de 3000 travailleurs de l'Ontario.

Entre autres renseignements, on obtiendra une description des programmes de formation en santé et sécurité au travail offerts en Ontario et de la clientèle à laquelle ils s'adressent. D'autre part, on évaluera si les buts de ces programmes ont été atteints. On passera en revue les activités les plus courantes des associations de sécurité en vue d'évaluer si elles sont rentables et efficaces et on soumettra des recommandations. On examinera également les rôles et les relations entre l'OISSST, les organismes de formation et les ministères s'occupant de formation en santé et sécurité au travail.

Au cours des dernières années, on a surtout essayé de faciliter la transition d'un milieu fumeur à un milieu non-fumeur. Quelques commissions et organismes, notamment la Commission des accidents du travail, encouragent les employés à participer à des programmes pour cesser de fumer et payent la totalité ou une partie des frais selon le cas. D'autres pensent que la transition s'effectue souvent d'elle-même, car très peu d'employés fument.

Bien que les travailleurs et les employeurs de l'Ontario aient été, dans une certaine mesure, les premiers à réclamer un milieu de travail non-fumeur, les gouvernements provincial et fédéral s'intéressent également à cette question.

Le gouvernement de l'Ontario étudie présentement des projets visant à restreindre l'usage du tabac parmi 80 000 fonctionnaires dans toute la province. Mme Lynda Heath, coordonnatrice pour la santé et la sécurité, Direction du personnel, Secrétaire des ressources humaines du Conseil de gestion, a indiqué à *Rapport* qu'un projet préliminaire était actuellement à l'étude.

Législation fédérale envisagée

Le gouvernement fédéral étudie la question du droit de fumer au travail et envisage la possibilité d'adopter de nouveaux règlements visant à restreindre la publicité encourageant l'usage du tabac. M. Neil Collichshaw, de l'Unité des programmes du tabagisme de Santé et Bien-être social Canada, a déclaré qu'il avait été chargé d'étudier diverses solutions touchant à l'usage du tabac, au travail et dans les endroits publics, dans le cadre de la juridiction fédérale. Il a conclu qu'une des possibilités envisagées était de prendre des mesures légales à ce sujet.

Au Canada, la vente du tabac rapporte 5 milliards de dollars par année (trois milliards au gouvernement) et assure 7 000 emplois. Pour tant, au Canada, l'usage du tabac, y compris la fumée secondaire, fait chaque année 35 000 victimes. D'autre part, on dépense annuellement 5 milliards de dollars pour les maladies liées à l'usage du tabac, notamment le cancer et les troubles cardiaques.

Le conseil municipal de Vancouver a passé un règlement contre l'usage du tabac qui est considéré comme l'un des plus stricts en Amérique du Nord. Depuis le 1^{er} décembre 1986, tous les organismes et entreprises publiques de Vancouver sont tenus de désigner des sections pour fumeurs. Ces sections ne doivent pas être situées dans des endroits fréquentés en tout temps par les non-fumeurs. On doit également s'assurer que la fumée de cigarette n'incommoder pas les non-fumeurs.

M. Geoffrey Rowlands, directeur de l'Unité sanitaire de la région de Burrard (Vancouver), a indiqué qu'il avait reçu plus de 7 000 appels téléphoniques concernant ce règlement municipal dans les dix jours qui ont suivi son entrée en vigueur. De ce nombre, 20 appels seulement étaient défavorables.

"D'après nos sondages, entre 70 % et 75 % de la population adulte de Vancouver ne fument pas, déclare M. Rowlands. Nous avons voulu que ce règlement fasse partie de notre législation relative à la santé publique et que la norme soit d'être non-fumeur plutôt que fumeur." Depuis que cette loi a été votée à Vancouver, les villes de Victoria et Prince George en Colombie-Britannique ont adopté une loi semblable.

En décembre 1986, le gouvernement de l'Ontario a autorisé la ville de Toronto à proposer un règlement concernant l'usage du tabac au travail. On s'est inspiré de la loi adoptée à San Francisco il y a quelques années selon laquelle les employeurs sont tenus de consulter leurs employés et de développer une politique relative à l'usage du tabac qui convienne à tous. Si on ne parvient pas à une entente, il est alors formellement interdit de fumer. Ce règlement municipal, le premier de ce genre en Ontario, devrait entrer en vigueur au cours de l'année.

La province de Québec étudie également la possibilité de réglementer très strictement l'usage du tabac. Il serait alors interdit de fumer dans les autobus, les voitures du métro, les stades fermés, les églises, et la plupart des bureaux du gouvernement provincial ainsi que dans les commissions scolaires. D'autre part, les municipalités pourraient adopter leur propre règlement au sein de la juridiction.

À l'heure où le public réclame de plus en plus des lieux de travail non-fumeurs, il semble évident que les Canadiens reconnaissent que la fumée secondaire est néfaste pour la santé. Fumeur ou non-fumeur, on ne peut plus refuser d'admettre, en tant que personne responsable, que l'usage du tabac a de fâcheuses conséquences.

Comme depuis ces dernières années on accepte de plus en plus l'idée d'avoir des lieux de travail non-fumeurs, l'année 1987 pourrait marquer un tournant décisif dans l'histoire du tabac et des droits des non-fumeurs. ■

Claude Noel



Avec la collaboration de M. Sean O'Seasain



désigné des sections pour fumeurs et non-fumeurs au Centre de réadaptation de Downsview, en banlieue de Toronto. En juillet 1984, la

municipalité de North York, comprenant Downsview, a adopté un règlement visant l'interdiction de fumer notamment dans les hôpitaux, les cabinets de médecin et dans les locaux affectés à la réception. L'année suivante, cette politique a été renforcée. Le Centre est devenu un établissement non-fumeur à l'exception de certaines sections réservées aux fumeurs.

En 1985, un inspecteur de l'Unité sanitaire de la région d'Ottawa-Carleton a inspecté le bureau de la Commission à Ottawa à la suite d'une plainte déposée par un employé de la Commission. Il a alors été recommandé d'adopter une

politique d'interdiction de fumer. Les employés ont voté en faveur de cette politique et, depuis, il est interdit de fumer au bureau d'Ottawa.

En août 1985, le comité de gestion de la CAT a adopté une motion visant à interdire l'usage du tabac dans tous les bureaux de la Commission partout en Ontario. D'après un sondage effectué en mars 1986, 75 % des 4 000 employés de la Commission étaient en faveur d'un milieu non-fumeur. En septembre 1986, le comité de direction de la Commission dont l'objectif était d'interdire l'usage du tabac au travail a annoncé qu'il serait interdit de fumer dans tous les locaux de la CAT à compter du 1^{er} janvier 1987.

Un projet mis sur pied par les employés

"Cette décision provient de tous les échelons jusqu'au conseil d'administration", explique Mme Iris Hope, membre du comité de direction. "Et de plus, ce sont elle-même une fumeuse."

Les employés qui sont à la source de ce projet et non pas les cadres supérieurs ni même le conseil d'administration. Il est primordial que les employés collaborent et fassent preuve

d'égards lors de l'introduction d'un milieu non-fumeur", ajoute Mme Hope.

Le président de la Commission, Dr Robert Elgie, a annoncé cette mesure à ses employés en ces termes : "En tant que président de la Commission, j'appuie le plan d'action des employés. Je suis convaincu que les changements futurs amélioreront notre milieu de travail et contribueront au bien-être de tous les employés."

Tout en envisageant diverses solutions pour parvenir à un milieu de travail non-fumeur, le comité de direction a examiné ce qui s'était fait en Ontario et dans les autres provinces dans ce domaine. Par exemple, à Santé et Bien-être social Canada, la direction a mis sur pied, en

collaboration avec les employés, un programme permettant de choisir que leur poste de travail soit fumeur ou non-fumeur. De plus, des salles pour fumeurs ont été mises à leur disposition dans la mesure du possible.

On ne peut apporter des changements si radicaux dans les habitudes des Canadiens qu'en faisant preuve de bon sens et d'égards envers les autres. Les compagnies et les services gouvernementaux qui ont obtenu de bons résultats soit en interdisant de fumer, soit en désignant des sections pour non-fumeurs, ont indiqué que la clé du succès est de consulter les employés et de les faire participer au programme.

"L'approche graduelle est la meilleure", déclare Mme Susan Stanfield, chef du personnel à la Nationale Vie du Canada. Cette compagnie d'assurances s'est donnée un an pour introduire sa politique d'interdiction de fumer dans ses bureaux de Toronto et a décidé de procéder par étapes. Les employés n'auraient donc plus le droit de fumer au travail en janvier 1987.

Préparation progressive des employés

"Nous avons préparé nos employés à l'inévitable en affichant des coupures de journaux sur divers milieux non-fumeurs. En regardant le tableau d'affichage, les employés réalisaient que c'était inévitable. Il faut absolument que les employés s'habituent à l'idée qu'il sera éventuellement interdit de fumer au travail. Si une compagnie croit qu'elle peut annoncer à ses employés que le lendemain ils ne pourront plus fumer et s'attend à ce que ça se fasse sans problème, elle rêve en couleurs", ajoute Mme Stanfield.

Mme Alison Fyfe, du Service des communications de la Compagnie d'assurance Halifax et de la Halifax, compagnie d'assurance-vie, était convaincue qu'un milieu de travail non-fumeur allait devenir une certitude. Depuis le 1^{er} janvier 1986, les employés qui travaillaient au siège social commun de ces compagnies à Toronto n'ont plus le droit de fumer au travail. Environ 35 % des 250 employés sont des fumeurs et ils ont le droit de fumer à la cafétéria qui est munie d'un système de ventilation spécial de 5 000 \$.

"La question d'avoir le droit de fumer au travail provoque de moins de controverse, déclare Mme Fyfe. Chacun sait que c'est inévitable et chacun s'en réjouit. Les fumeurs invétérés trouvent toujours moyen de s'adapter à la situation."

Les compagnies d'assurances sont les instigatrices de la politique d'interdiction de fumer au travail. Après avoir étudié le coût des maladies reliées à l'usage du tabac ainsi que les coûts associés à la détérioration des bureaux saturés de fumée, elles ont conclu qu'un éparpillerait de l'argent en interdisant aux employés de fumer. Elles offrent également des tarifs spéciaux à leurs clients non-fumeurs. Par exemple, Mme Fyfe explique que la Compagnie d'assurance Halifax offre aux non-fumeurs des rabais de 10 à 25 % sur leur prime.

non-fumeurs

UN MILIEU DE TRAVAIL

par Linda Cahill

5 volontiers au nouveau règlement. Les employés ont le droit de fumer à la cafétéria et dans une

salle réservée à cet effet.

M. Phil Jackman, rédacteur en chef de l'information, n'était pas sûr de pouvoir s'adapter à la

situation. Il a pourtant très bien réussi : "Depuis que le règlement est en vigueur, je fume moins

et je fais des économies. Je fumais auparavant quinze cigarettes par jour alors que maintenant

Adoption rapide de mesures

interdisant l'usage du tabac

Au *Globe and Mail*, étant donné que l'éditeur et le syndicat étaient en faveur d'interdire l'usage

du tabac dans les locaux, le changement a été rapide. On a averti les employés trois mois

avant d'enlever les cendriers. "Au début, les employés étaient un peu réticents, mais plus

maintenant", reconnaît M. Jackman.

D'autres organismes, notamment la Commission des accidents du travail, ont laissé plus de

temps à leurs employés avant de leur interdire de fumer, mais les résultats obtenus ont été

similaires. La majorité des employés, y compris les fumeurs, sont généralement contents de

pouvoir respirer de l'air non vicié.

C'est en 1983 que la Commission des accidents du travail a introduit pour la première fois une

politique d'interdiction de fumer. On a alors

interdit l'usage du tabac au travail, citons : la

Commission des accidents du travail, Santé et Bien-être social Canada, le Conseil du Trésor à

Ottawa, le ministère de l'Expansion industrielle régionale à Ottawa; Cambridge, Hamilton,

Toronto et Scarborough; ainsi que la Compagnie d'assurance Halifax, la Halifax, compagnie

d'assurance-vie et la Nationale Vie du Canada.

D'autre part, l'Hôpital universitaire de London, l'Hôpital général d'Ottawa, l'Hôpital général de

North York et l'Hôpital Sunnybrook de Toronto, plusieurs commissions scolaires de l'Ontario

ainsi que les quotidiens *Kingston Whig Star*, *Toronto Star* et *Globe and Mail* interdisent également l'usage du tabac dans leurs

locaux.

ers 1545, les explorateurs anglais ont introduit l'usage du tabac, coutume des Indiens d'Amérique du Nord, à la cour de

la reine Elisabeth 1^{re}. C'est Sir Walter Raleigh, courtisan et favori de la reine, dont le portrait

apparaît encore de nos jours sur les paquets de tabac à pipe, qui a popularisé cette nouvelle

habitude en Angleterre.

Déjà à cette époque, il y avait de l'opposition.

Jacques 1^{er}, successeur de la reine Elisabeth 1^{re}, fut l'un des premiers à se récrier contre l'usage

du tabac. Dès 1604, il condamnait cette pratique devenue de plus en plus populaire et parlait de

"fumée noire qui empest (...)" désagréable pour les yeux, répugnante pour le nez, nocive pour

le cerveau et dangereuse pour les poumons (...)"

Le message sur la santé commence

à se faire entendre

Malgré les observations judiciaises du roi Jacques 1^{er} sur les méfaits du tabac, sa diatribe

contre le tabac n'a pas servi à contrôler le nombre grandissant de fumeurs. Cependant, au ving-

tième siècle, et plus particulièrement au cours des dernières années, le message commence à

prendre racine. Preuves scientifiques à l'appui sur les méfaits du tabac et de la fumée secon-

daire, les citoyens, les travailleurs, les entreprises et le gouvernement ont décidé de partir en

guerre contre les fumeurs.

Tout dernièrement, on a fait de plus en plus campagne en Ontario pour bannir l'usage du

tabac sur les lieux de travail. Parmi les services gouvernementaux, les municipalités et les entre-

prises qui ont déjà pris des mesures visant à interdire l'usage du tabac au travail, citons : la

Commission des accidents du travail, Santé et Bien-être social Canada, le Conseil du Trésor à

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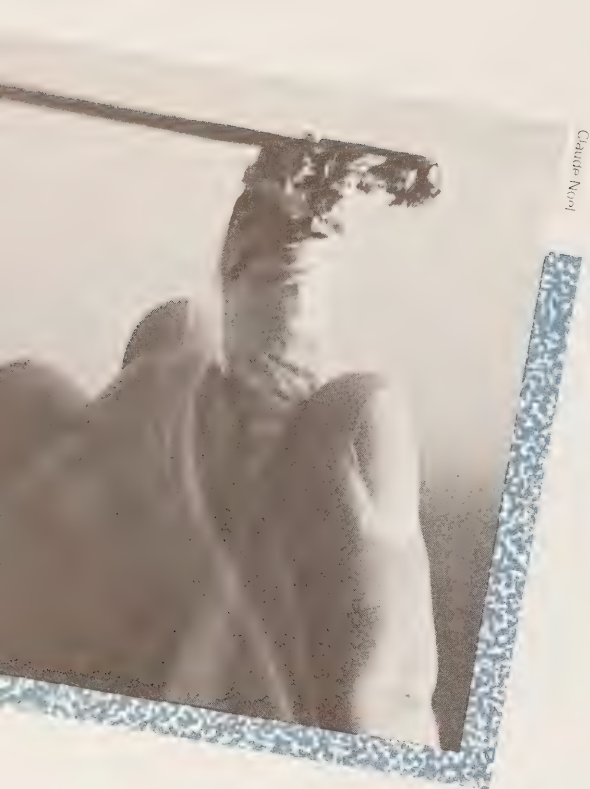
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locaux.

Lorsque l'an dernier le *Globe and Mail* interdit à ses employés de fumer au travail, beaucoup d'entre eux craignirent que leur rendement ne diminue. La plupart des fumeurs, dont certains

fument depuis longtemps, se sont soumis



Claude Noz

DE NOUVEAUX bureaux régionaux À LA CAT

La Commission des accidents du travail a ouvert récemment deux nouveaux bureaux régionaux en vue d'offrir de meilleurs services touchant à l'évaluation et au traitement des demandes d'indemnités.

Le Bureau régional d'Hamilton a ouvert ses portes officiellement le 18 novembre dernier et celui de Thunder Bay, le 9 décembre suivant. Tous deux étaient auparavant des bureaux locaux dont le mandat était d'informer les travailleurs sur le système d'indemnisation de la Commission et de les aider dans leurs démarches, l'évaluation des demandes d'indemnités n'étant pas de leur ressort.

Ces deux nouveaux bureaux régionaux ont à présent davantage de responsabilités : ils peuvent désormais ouvrir des dossiers et évaluer les demandes d'indemnités, juger du bien-fondé des demandes de pension (fonction que le Bureau régional de Thunder Bay assumera au début de 1987), autoriser le paiement d'indemnités, traiter les demandes de remboursement de frais médicaux et offrir des services de consultation médicale. D'autre part, le Bureau régional d'Hamilton sera autorisé à faire passer dans ses locaux des examens médicaux aux travailleurs blessés. Auparavant, seul le siège de la Commission à Toronto offrait ces services.

Les deux nouveaux bureaux régionaux viennent s'ajouter aux deux autres déjà en place. En effet, les bureaux régionaux de London et de Sudbury ont été ouverts en 1980 à titre d'essai dans le cadre de la politique de décentralisation. Depuis, on ne cesse de vanter l'efficacité et le caractère personnel des services qu'ils offrent.

"Les travailleurs et les employeurs apprécient le fait de pouvoir rencontrer personnellement ceux qui, à la Commission, prennent des décisions", a déclaré le président du conseil d'administration, Dr Robert Elgie. "Les employés de la Commission qui résident et travaillent au niveau régional savent mieux quels sont les besoins de leur clientèle et de quelles ressources disposent leur communauté", a-t-il ajouté.

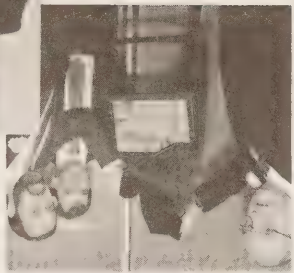
Les travailleurs, les employeurs, les médecins et autres professionnels de la santé tirent maints avantages de l'ouverture des bureaux régionaux d'Hamilton et de Thunder Bay. Des services plus adéquats et personnalisés, une plus grande rapidité à autoriser et émettre les paiements, une meilleure accessibilité aux renseignements touchant les demandes d'indemnités ainsi que des services plus soutenus de

Pour de plus amples renseignements sur ces deux nouveaux bureaux régionaux, veuillez contacter :

Bureau régional d'Hamilton
Standard Life Centre
Plaza Level
120, rue King Ouest
Hamilton (Ontario)
L8P 4V2
(416) 523-1800
Bureau régional de Thunder Bay
410, avenue Memorial
Thunder Bay (Ontario)
P7B 3Y5
(807) 343-1710

En bas, à gauche : Le président du conseil, Docteur Robert Elgie, (à gauche) et le ministre du Travail, M. William Wrye, dévoilent la plaque marquant l'inauguration du Bureau régional d'Hamilton, tandis que le directeur régional, M. George Picken, observe cette scène avec attention.

En bas, à droite : Docteur Robert Elgie et M. William Wrye répondent aux questions de la presse lors de l'ouverture du Bureau régional de Thunder Bay.



Rég Verrilli

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Le Bureau régional d'Hamilton s'occupe d'environ 10 000 dossiers courants, soit 16 % de l'ensemble des dossiers pour l'Ontario. Les municipalités régionales de Niagara, Halton, Hamilton-Wentworth, Halldimand-Norfolk ainsi que le comté de Brant dépendent de ce bureau. Le personnel du Centre d'information de St. Catharines relève également du Bureau régional d'Hamilton.

Le Bureau régional de Thunder Bay s'occupe quotidiennement d'environ 2200 dossiers. Les districts de Thunder Bay, de Rainy River et de Kenora sont rattachés à ce bureau.

Parmi les nouveaux membres du personnel de ces bureaux, dont la plupart proviennent de ces régions, plusieurs travailleurs réadaptés ont été engagés dans le cadre des programmes d'équité en matière d'emploi et de réadaptation professionnelle de la Commission.

Parallèlement à sa décision d'ouvrir des bureaux régionaux à Hamilton, Thunder Bay et, en mai 1987, à Ottawa, la Commission a pris des mesures pour réduire la charge de travail de ses agents d'indemnisation au sein de l'organisation. On compte atteindre cet objectif en transférant aux nouveaux bureaux régionaux un certain nombre de dossiers du siège de la Commission à Toronto.

Grâce à la réduction de la charge de travail des agents d'indemnisation, la qualité des services offerts aux travailleurs et aux employeurs dans l'ensemble de la province s'améliorera considérablement. En effet, les agents d'indemnisation pourront consacrer plus de temps au traitement de chaque cas et suivre de près les dossiers courants. ■



Lucas Pincus

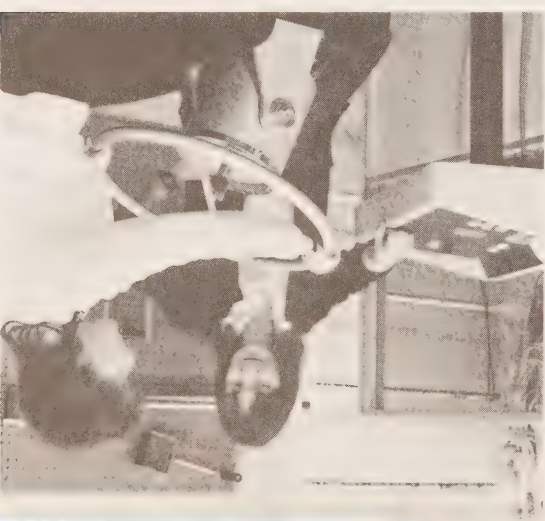
Les chercheurs du CRD ont expérimenté deux sortes de tests informatisés : l'un nécessitant un bloc-notes et un stylo électroniques, l'autre un clavier dont se servent les patients pour répondre. Le Centre a également mis au point un test multilingue, soit la liste de contrôle de symptômes. On peut faire passer ce test aux patients en anglais, en français, en italien, en portugais, en polonais ou en slovaque et très bientôt, en espagnol, en tchèque et en serbo-croate.

L'équipe du Centre s'intéresse beaucoup à un programme qui permet à l'ordinateur de parler au travailleur dans sa propre langue. "En utilisant l'ordinateur de cette façon, nous pouvons effectuer des évaluations psychologiques très détaillées dans la langue maternelle du patient. Nous pouvons également faire passer des tests psychologiques de façon objective aux patients illettrés, déclare le docteur Doney. Dès que ce programme sera mis au point, l'ordinateur posera des questions au travailleur qui se servira d'un microphone pour répondre." Les résultats seront ensuite compilés et sortis sur imprimante. Le docteur Doney a maintenant un logiciel qui lui permet de présenter, sur écran et oralement, la liste de contrôle de symptômes, en anglais et en italien. D'après lui, la voix humaine reproduite par l'ordinateur est, comme c'est le cas pour les autres enregistrements numériques, remarquable.

Simulation de tâches manuelles

Les tests informatisés jouent également un rôle important au sein du Service d'ergothérapie. M. Paul Chugh, thérapeute, s'intéresse tout particulièrement au nouvel appareil automatisé d'épreuves d'effort manuel (Baltimore Therapeutic Exerciser). Cet appareil peut simuler 20 tâches manuelles comme conduire un autobus (y compris manoeuvrer le volant et ouvrir les portes), balayer, frapper avec un bâton de baseball et transporter des sacs d'épicerie. "À l'heure actuelle, notre Service d'ergothérapie est le seul au Canada à utiliser ce genre d'appareil", déclare M. Chugh avec enthousiasme.

Lorsqu'un patient utilise un des simulateurs de tâches, il est évalué par ordinateur. En l'espace de quelques secondes, l'appareil imprime des données indiquant le genre de mécanisme utilisé, le genre de tâche effectuée et pendant combien de temps elle a été effectuée, la force requise ainsi que l'effort fourni par le travailleur. Cet appareil indique avec précision la force



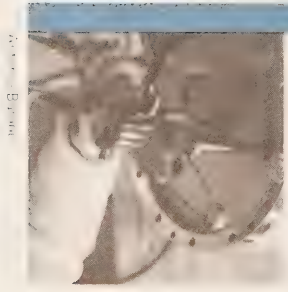
Le "Baltimore Therapeutic Exerciser" est un appareil qui permet de simuler 20 tâches manuelles comme conduire un autobus ou manipuler un outil.

musculaire nécessaire pour effectuer diverses tâches. "C'est un appareil formidable offrant de grandes possibilités, mais il ne remplacera jamais, au grand jamais, un ergothérapeute", dit M. Chugh en plaisantant.

M. Chugh, secrétaire du comité de recherche du CRD, étudie présentement la corrélation entre l'état d'esprit du patient et sa force de préhension. D'après lui, il est possible qu'un patient stressé ou déprimé ait une force de préhension plus faible qu'un patient qui ne l'est pas. "Nous supposons a priori qu'il n'y a aucune corrélation entre ces deux variables. Il sera toutefois intéressant de découvrir si cela est vrai ou non", explique M. Chugh.

L'objectif principal des recherches effectuées au Centre de réadaptation de Downsview est de découvrir l'effet que peut avoir une lésion sur un travailleur et comment le soulager le mieux possible. "Un chercheur veut avant tout découvrir la vérité, déclare le docteur Paisley. Une théorie doit reconnaître tous les faits."

Ce dernier conclut : "Nous cherchons à perfectionner nos méthodes d'évaluation et de traitement des diverses lésions pour permettre aux travailleurs blessés de reprendre leur travail dès que possible. Lorsqu'un travailleur blessé réintègre le marché du travail, les membres de sa famille reprennent confiance et l'harmonie peut à nouveau régner dans la famille." ■



**Les tests psychologiques
informatisés permettent
aux patients de répondre
aux questions des
psychologues dans un
environnement objectif.**



André B. J. 1984

À cet effet, la Clinique du dos du Centre de réadaptation de Downsview, sous la direction du docteur Geoffrey Lloyd, a entrepris au début de 1985 une étude auprès de 200 anciens patients, un an après leur sortie du Centre. Les entrevues mêmes ont été effectuées par quatre chercheurs, rattachés à des hôpitaux renommés en Angleterre, qui séjournent de six mois à un an, à tour de rôle, au Centre.

Les patients faisant l'objet de l'étude se sont portés volontaires et ont été informés que leur participation ne changerait rien à leur indemnisation. Avec l'aide d'un conseiller en réadaptation de la Commission, ces derniers répondent à un questionnaire de quatre pages sur les circonstances entourant leur accident, le genre de travail qu'ils font ou faisaient et leur rétablissement. "Jusqu'à présent, nous n'avions pas d'information sur la réadaptation des patients une fois sortis du Centre, reconnaît le docteur Paisley. Un expert en informatique de l'Université de Toronto identifie actuellement les variables en vue d'établir certaines corrélations". Bien que cette étude doive être terminée vers le milieu de l'année, le docteur Paisley est intrigué par les premières constatations de l'équipe. "Nous avons déjà quelques résultats préliminaires, mais nous devons d'abord les analyser et les interpréter. Nous sommes très enthousiastes à ce sujet".

Un nouveau système informatisé de la notation du mouvement, élaboré par le Service de physiothérapie du Centre, est présentement testé et mis au point. Il s'agit d'un programme nécessitant l'utilisation d'une sorte de commande pour enregistrer sur ordinateur les mouvements du corps et des jambes. Ce programme a été créé par le docteur Aftab Patla de l'Université de Waterloo. Avec la collaboration de Mme Jane Proctor, qui fait de la recherche en physiothérapie au Centre, il a passé les deux dernières années à améliorer les méthodes de cueillette de données.

Avantages éventuels

On filme maintenant en vidéo les patients qui ont des troubles de la démarche, c'est-à-dire des anomalies dans leur façon de marcher. On peut ainsi mieux observer la manière dont le mouvement est décomposé et entrer les diverses variables dans l'ordinateur. On attend du Service de physiothérapie d'enregistrer avec plus d'exactitude leurs évaluations visuelles de la démarche d'un patient. Les cliniciens auront ainsi à leur disposition des données précises sur les progrès des patients à mesure qu'ils les aident à récupérer.

Le Service de physiothérapie fait actuellement d'autres recherches sur la façon d'améliorer le traitement des patients ayant une dystrophie sympathique réflexe.

Le Service de psychologie du Centre étudie également les avantages que pourraient présenter les évaluations informatisées pour le traitement des patients. Le docteur Neville Doney, psychologue en chef du CRD, étudie la possibilité de faire appel à l'informatique pour administrer, noter et interpréter les tests psychologiques. Les avantages d'un tel projet semblent être nombreux. Les tests informatisés permettent aux patients de répondre aux questions des psychologues dans un environnement objectif. Le docteur Doney, les chercheurs invités, le docteur Catherine Yarrow et M. Lance Mitson, spécialiste en psychométrie, estiment que la plupart des patients trouvent ces tests plus faciles et plus intéressants que les tests crayon-papier traditionnels.

"Ça me plaît. Je crois que ce procédé d'évaluation est très efficace, déclare un patient du Centre. Ça permet aux gens de se familiariser avec l'ordinateur". Le docteur Doney a également constaté que les patients terminent leurs tests plus rapidement lorsqu'ils sont devant l'écran d'un ordinateur. "Mes réponses sont meilleures et je fais moins d'erreurs", reconnaît le patient en question.

De plus, la marge d'erreur est nulle lorsque la notation des tests est informatisée alors qu'elle est de 30 % lorsqu'ils sont notés à la main. L'ordinateur permet également de noter un test en 1/8 du temps requis pour les noter à la main.

La recherche au CRD

SE TOURNE VERS

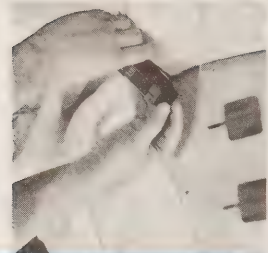
DES BESOINS SPÉCIAUX

par Linda Cahill

L'homme souffrait du dos; il saisit une petite boîte métallique, appuya sur le bouton noir et poussa un soupir de soulagement. Les impulsions électriques se propageant le long des fils attachés à sa colonne lombaire, venaient d'interrompre les signaux de douleurs communiqués à son cerveau. Il se redressa lentement, s'assit sur le bord de la civière et remercia son thérapeute. Cette scène se déroule tous les vendredis matins au Centre de réadaptation de Downsview (CRD) de la Commission des accidents du travail, situé en banlieue de Toronto. Ce soir-là, le patient, un travailleur blessé, emporta le neurostimulateur portatif (TENS) chez lui pour la fin de semaine.

Avant l'invention du neurostimulateur électrique transcutané (TENS), il y a quelques années, les patients souffrant d'une entorse dorsale devaient endurer la douleur pendant des mois. À présent, ils peuvent suivre des traitements, faire de la gymnastique corrective, et soulager leurs douleurs aussi bien à la maison qu'au Centre. "Cela fait vraiment une différence", confirme le patient avec reconnaissance.

Un thérapeute du Centre contrôle l'utilisation d'un neurostimulateur employé pour soulager les douleurs au dos d'un patient.



Antonio Barone

L'une des études importantes qui prennent place actuellement au Centre de réadaptation de Downsview consiste à déterminer quels travailleurs blessés pourraient bénéficier de l'utilisation d'un neurostimulateur à la maison. Les équipes de chercheurs assisus du Centre mettent actuellement au point des nouvelles techniques qui permettront de répondre aux besoins spéciaux des travailleurs blessés au point de vue médical et en réadaptation. Le personnel du Centre traite en moyenne 625 travailleurs blessés par jour (en consultation interne ou externe) et prête tout particulièrement attention à leurs besoins physiques, émotionnels, professionnels et sociaux. "Beaucoup de nos patients sont anxieux et nerveux, souffrent et ont du mal à s'adapter à la situation", déclare le docteur Kenneth Paisley, directeur-adjoint des services médicaux et président du comité de recherche du Centre.

Approche multidisciplinaire

"Au Centre, nous préconisons une approche multidisciplinaire, explique le docteur Paisley. Il y a 20 cliniques dont chacune est dirigée par un médecin. C'est très différent de ce qui se passe ailleurs. Tous les médecins, les physiothérapeutes, les ergothérapeutes, les spécialistes en gymnastique corrective et en réadaptation professionnelle et les psychologues du Centre travaillent en équipe et collaborent pleinement." Les projets de recherche en cours au Centre sont également influencés par l'approche multidisciplinaire préconisée pour traiter les travailleurs blessés. Ces projets comprennent notamment une étude sur les techniques d'analyse de la démarche; on peut en effet déceler le site de la lésion d'après la démarche. D'autres études sur l'informatisation des tests psychologiques et sur la force de préhension sont également en cours.

Étant donné que les lésions dorsales constituent la grande majorité des cas traités au Centre, les recherches sur le dos qui ont lieu actuellement au Centre sont d'une importance primordiale. "Environ 7000 patients ont été admis au programme général de réadaptation l'an dernier dont 66 % pour des lésions dorsales, indique le docteur Paisley. Pour offrir un programme de traitement efficace, nous devons connaître les résultats que donne notre traitement actuel et savoir comment apporter certains changements pour obtenir des résultats encore meilleurs."

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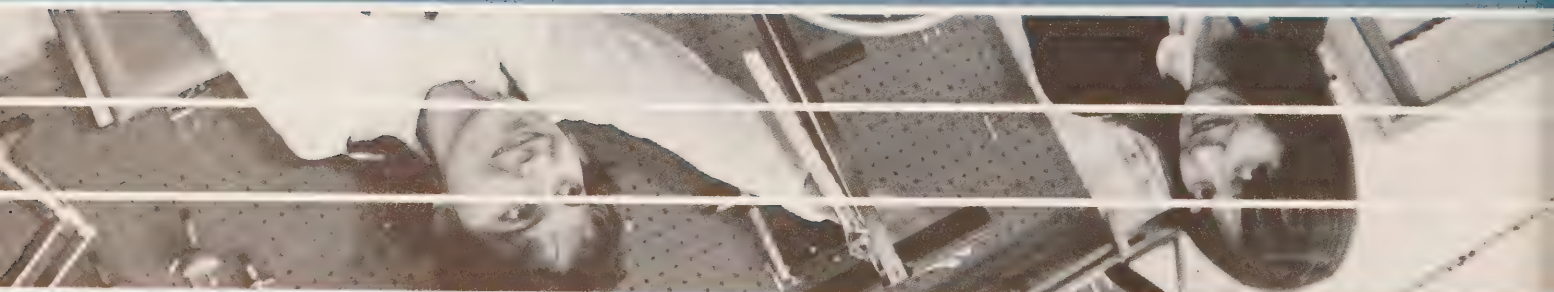


Workers' Compensation Board

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Commission des accidents du travail

Rapport



Vol. 10 N° 1, 1987

La recherche axée sur des besoins

spéciaux

Plusieurs projets de recherche empiriques visent à répondre aux besoins spéciaux des travailleurs en matière de traitement et de réadaptation sont en cours actuellement au Centre de réadaptation de l'Université de Toronto. Le Centre de réadaptation de l'Université de Toronto est actuellement en cours de réadaptation et de réadaptation.

Des perspectives d'avenir : la

régionalisation

L'ouverture de deux nouveaux bureaux régionaux de la Commission améliore la qualité des services offerts aux travailleurs du point de vue de l'indemnisation et de la gestion des dossiers.

Un milieu de travail sans fumée

Face à la pression grandissante de la population qui réclame des milieux de travail non-fumeurs, le plus grand employeur d'employés de services gouvernementaux prenant des mesures pour réduire la consommation de tabac sur les lieux du travail.

En bref

Tous les cotisations pour 1987 s'ajoutent aux cotisations relatives de la Commission des accidents du travail, décide d'un nouveau du conseil d'administration de la Commission.

sécurité

Évaluation de la formation en santé et

Un projet d'urgence, le Centre de santé en sécurité, a été entrepris depuis peu. Il s'agit d'un projet visant à évaluer les programmes de formation en santé et sécurité au travail et à déterminer s'ils répondent adéquatement aux besoins des travailleurs.

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Vol. 10 No. 2, 1987

Rapport

WCB Reorganization on Track

An unprecedented corporate streamlining at the Board means new opportunities for administrative efficiency and improved service to clients.

Worker-Controlled Health Centre

The Board's first worker-controlled occupational health and safety agency stresses education for safer workplaces.

Miner Becomes Board Adjudicator

Thunder Bay's Richard Zillman found a new career through a unique set of Board initiatives for injured workers.

1 Community Councils Advise on Job Funding

WCB volunteers work with other community representatives on federal councils advising government on targetting job creation initiatives.

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Short Takes

New labour representative joins WCB Board of Directors...the Board opens a regional office in Ottawa...and a pilot project allows some workers to receive early rehabilitation treatment in their home communities.

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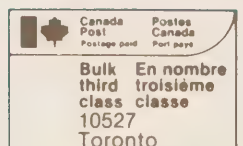
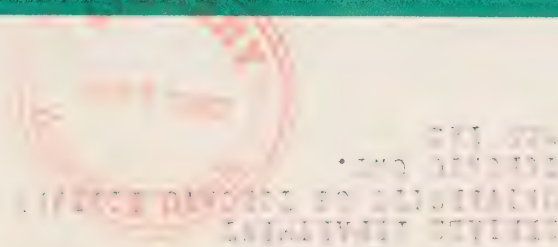
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HUMAN RIGHTS AND THE DISABLED: A REMINDER

The Ontario Human Rights Code prohibits discrimination with respect to employment because of handicap. The definition of handicap includes "an injury or disability for which benefits were claimed or received under the Workers' Compensation Act". *Ontario Human Rights Code*, Sec.9 (b) (V)

For further information, contact your local
Ontario Human Rights Commission area office.

WCB

reorganization

TO IMPROVE CLIENT SERVICE

It has been an important and exciting year of change at the Workers' Compensation Board.

After months of dedicated work by staff throughout the Board, corporate reorganization is nearing completion. The extent and pace of this reorganization is unprecedented for the WCB, and may be without parallel in either the public or private sectors. More than 200 management-level positions are being filled through Board-wide competitions, and hundreds of staff are moving into different jobs.

The ultimate goal is to improve Board services to its clients — the injured workers and employers of Ontario. This goal has remained clearly in sight since WCB Chairman Dr. Robert Elgie announced the reorganization in March 1986. The challenge has been to achieve it in a timely and economical manner.

In order to reach its objectives, the Board first examined its own structure and operating methods and those of similar organizations. After more than a year of study, it was ultimately decided that the best plan involved streamlining the Board's segmented divisional structure into three main groups, while integrating services formerly offered by the separate divisions.

The revamping of a long-established service agency with 4,000 employees and claims payouts in excess of \$1 billion a year cannot be achieved overnight. But it is proceeding quickly. Throughout the process, staff involvement has been extensive; hundreds of employees have participated on task forces, project teams and implementation committees. Moreover, the Board has worked closely with its local of the Canadian Union of Public Employees during this transitional period, to ease the impact of change on staff.

In a series of letters to all staff, the Board's president, Alan Wolfson, has kept employees up to date on the progress of reorganization, and has reassured them that, while some jobs may change, everyone will continue to play an important role. There will be no job losses as a result of the reorganization and salary protection has been guaranteed. Wolfson also outlined the many career opportunities unfolding for Board staff.

New leaders

Part of the new face of the organization relates to a change in leadership. Within the space of a year, a new chairman, Dr. Robert Elgie, was appointed; a new vice-chairman and president, Alan Wolfson, came on board; and vice-presidents were chosen to head up three new divisions. These are the *Client Services Division*, under Bob Reilly; the *Policy and Specialized Services Division*, under Dr. Elizabeth Kaegi; and the *Corporate Services Division*, under Sam Van Clieaf.

The major thrusts of the new organization are to integrate claims, medical and vocational rehabilitation functions; to enhance the Board's policy-making capability; and to improve the efficiency of its administrative services.

Client Services now includes the work previously done by the Board's Claims Services Division, many of the responsibilities of the Medical Services Division and the Vocational Rehabilitation Division, and the Board's five regional offices.

Policy and Specialized Services will ensure that the development of claims, vocational rehabilitation and medical policies is coordinated. It will also have responsibility for delivering a wide range of specialized services — through the Specialized Vocational Rehabilitation Department, the Occupational Disease Department, the Specialized Medical Services Department, as well as the Downsview Rehabilitation Centre and the Occupational Health and Safety Education Authority.

Corporate Services will provide coordinated support to the Board as a whole in such areas as Management Information Services, Financial Services, Human Resources and Communications.

Within Client Services, the cornerstone of the new operating structure is the Integrated Service Unit (ISU). The ISU is the product of an innovative plan to integrate claims, vocational rehabilitation and medical services within nine separate units at head office, each on a different floor and each serving a defined geographical area. The allocation of claims to ISUs will be based, for the most part, on the address of the accident employer.

This new structure will eliminate the need to move files across divisions and throughout the head office building, while providing more streamlined and coordinated services. In effect, it represents one-stop shopping for most Board services.

In many ways, the structure of the ISU is modelled after the regional offices established by the Board over the past seven years. Regional offices in London and Sudbury were opened in 1980, and three new offices in Hamilton, Thunder Bay and Ottawa have been established in the past seven months.

Within these offices, the traditional demarcation lines between claims, vocational rehabilitation and other areas of the Board have become blurred. The result is more personalized contact with employers and injured workers. In May, plans for the opening of a sixth regional office in Windsor were announced, with implementation scheduled for early 1988.

Budget restraint

In February 1987, the Board of Directors approved recommendations for the integration of client services, extending the model used in the regional offices to a head office setting. Work is proceeding rapidly to implement this new structure.

The integrated approach to service delivery breaks down functional barriers between claims adjudication, medical services and vocational rehabilitation staff, and allows the Board to use a compressed management structure, while achieving productivity gains. The new organizational structure can therefore be implemented without any increased administrative costs.

Such restraint is in keeping with the Board's stated policy of fiscal responsibility. Despite this year's massive reorganization, Wolfson said the Board has exercised "substantial restraint" in its 1987 budget. He stressed this point during a series of February meetings with all Board staff. "The Board is freezing, in real terms, its administrative costs for the 1987 fiscal year" said Wolfson.

Client Services vice-president, Bob Reilly, is confident the new integrated service approach will usher in an era of better service with no long-term extra expenses. There will be a one-time start-up cost of \$4.1 million, however, to redesign and improve current office space, computer and operational procedures in order to accommodate the integrated units at head office.

No additional staff will be required as a result of this integration. With the opening of a fifth regional office in Ottawa in May, only 60 per cent of province-wide claims volumes will be handled by the branches within head office.

"The new structure will allow more personalized service at no ongoing additional cost," confirms Reilly. "We will get more effective service for the same money."



Executives attend reorganization meeting

Board chairman Dr. Robert Elgie and President Alan Wolfson greet staff at employee information session.



The Policy and Specialized Services Division, under vice-president Dr. Elizabeth Kaegi, represents not so much a reorganization as the creation and enhancement of much needed capabilities. Two areas are receiving particular attention — the development of integrated policies and the enhancement of specialized services in the vocational rehabilitation, medical and occupational disease areas.

Policy development at the Board has traditionally been fragmented, reflecting its separate divisional structure. This has sometimes led to unconnected and even incompatible policies, as well as a lack of clear communication of the Board's policies to its client groups.

A new Policy and Program Development Department will have the responsibility for developing all operational policies at the Board and for ensuring that they are clear and consistent. This group will also be responsible for disseminating information about Board policies to interested parties.

While the integration of front-line vocational rehabilitation and medical services into the ISUs and regional offices ensures that these activi-

ties are coordinated with claims services, there will continue to be a need for specialized services and a consulting and professional development capacity in these areas. These will be the responsibility of the new Specialized Vocational Rehabilitation and Medical Services Departments.

Another new area, the Occupational Disease Department, has been established to provide comprehensive, integrated and timely service to workers who have developed an occupational disease. Claims, vocational rehabilitation, medical and technical staff are grouped together in this department. Dr. Kaegi is also responsible for the Downsview Rehabilitation Centre and the Occupational Health and Safety Education Authority, which will ensure that these areas are integrated with specialized service activities.

To Dr. Kaegi, the key to these new and improved services is the people within the Board, "... people with experience and dedication, who can also be innovative and imaginative. We need people who will look at new approaches, people who can communicate, and people who care," she concludes.

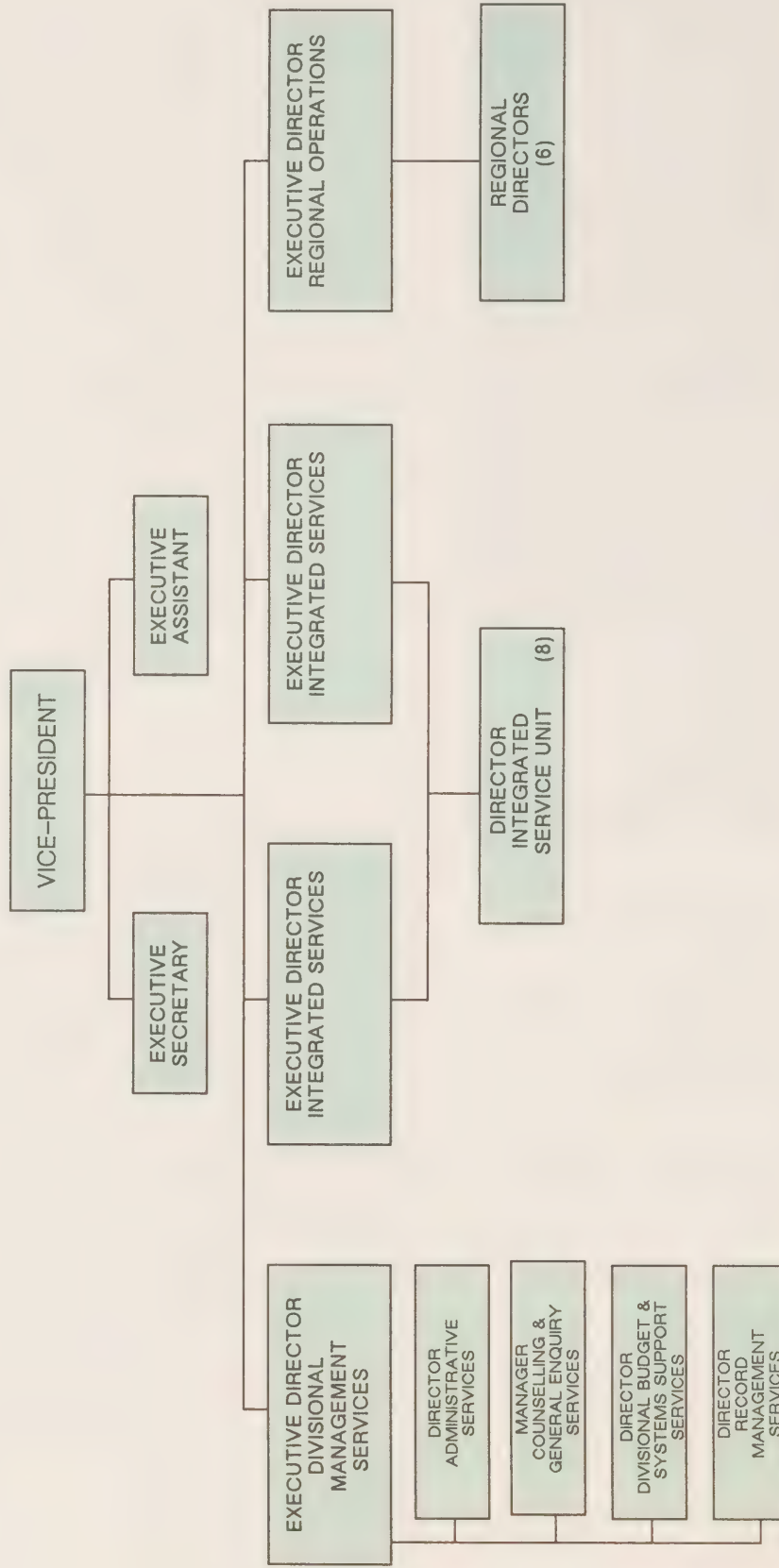
The Corporate Services Division was established to provide the support services essential to the smooth operation of the Client Services and Policy and Specialized Services Divisions.

In order to streamline and coordinate its operations, to bring them in line with other organizational changes, and to ensure they are providing the most efficient support possible, the Board retained the management consulting firm of Coopers & Lybrand to conduct an operational audit of the Corporate Services area. This includes Financial Services, Communications, Management Information Services, Human Resources, Employment Equity, the Investment Fund, Actuarial and Statistical Services, and Legal Services. In addition, the Board's Review Services and Internal Audit are also subject to this review.

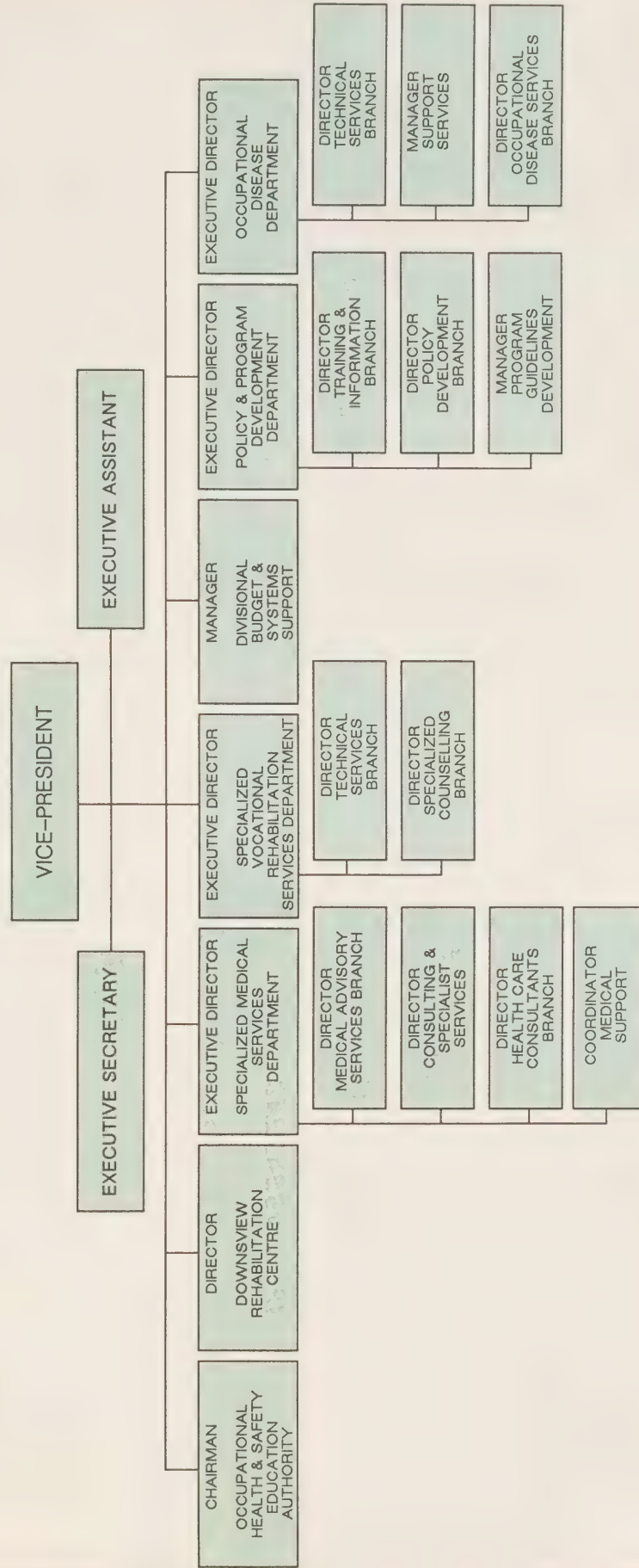
The full implementation of this massive Board-wide reorganization will take some time. It is expected that all new operating areas will be up and running by early 1988. There is, of course, a great deal of dislocation as the transition takes place, but an atmosphere of enthusiasm and excitement is unmistakable at the Board.

Clearly, everyone is committed to transforming the organization into a more client-oriented service agency, providing Ontario's injured workers and employers with a highly responsive, personalized yet cost-effective service. ■

CLIENT SERVICES DIVISION



POLICY AND SPECIALIZED SERVICES DIVISION



Safety Education

GOAL OF NEW WORKERS' CENTRE

6

Ontario's first worker-controlled, and WCB-funded, occupational health and safety delivery agency opened its doors for business last year.

The Ontario Workers' Occupational Safety and Health Centre, in March 1986, took over from its predecessor, the Ontario Federation of Labour's (OFL's) Health and Safety Training Centre which, for seven years, provided limited health and safety education and training for the Ontario work force.

The new Centre has been designed specifically to give labour a role in occupational health and safety education. As a delivery agency of the Workers' Compensation Board, it represents more than one million organized workers in Ontario.

by Steve Wallace

"It is up to us to point out the responsibilities of both employer and worker in cleaning up the workplace," says Loretta Michaud, communications officer at the Centre. "The worker is not just some dumb oaf who trips over bricks and knocks over ladders. Employers stress workplace and safety; we, on the other hand, stress workplace and health."

The point is echoed by Clarence MacPherson, executive director of Programs and Field Services at the Centre, who notes that the myth of the careless worker goes back to the 1880s and a time when workers were suing employers. "It's the workplace that requires attention — the so-called 'accident-prone' worker does not exist," he says.

OFL initiative

The evolution of a worker centre really started in the late 1970s. Through the collective bargaining process and the impetus of occupational health and safety legislation in 1978, the labour movement began to make its own contributions to the process of change and to the actual business of health and safety training.

In the same year, the OFL took the initiative to provide training of its own, and then-OFL president Cliff Pilkey sought funding from Ontario's Ministry of Labour. After consultation, Robert Elgie, then Labour Minister, arranged for a pilot project in which a core group of workers would be trained to go out and train other workers in various communities across the province.

"Up to that point, the safety associations only had short-duration programs," says MacPherson. "The OFL version was much more comprehensive, with sufficient information to articulate workers' rights and responsibilities."



Safety manuals will be adapted to specific industries

The Training Centre was funded through to 1985 by periodic lottery funds and the Ministry of Labour. During its operation, a core of some 200 workers were trained and more than 15,000 fellow workers educated in occupational health, safety and prevention.

By 1985, legislation was in place to allow the Workers' Compensation Board to provide a permanent source of funding, which was necessary to the program's development. At the same time, the recently-released Weiler report recommended "a full and meaningful role for labour" in all aspects of occupational health and safety.

The Board agreed and, after discussion with Cliff Pilkey and the OFL, moved quickly to establish a formal role for labour in the delivery of health and safety education services. The Occupational Health and Safety Education Authority, the arm of the Board responsible for the Centre as well as the other nine delivery agencies, allotted \$1.7 million in funding for 1986 to the Ontario Workers' Occupational Safety and Health Centre.

In 1980, the OFL Centre started out by teaching Level One courses — general courses designed for workers interested in occupational health and safety. In 1985, the Centre moved up to Level Two, which is more advanced and geared to joint health and safety committee representatives. The new Centre offers both courses, as well as designing and delivering sector-specific material from the workers' point of view.

Delivery of the program is made possible through worker facilitators. The Centre initially approaches the unions and labour councils, who in turn may send a representative to attend the courses. Once training is complete, the new facilitators can return to the workplace and train their own members and colleagues.

Auto industry involved

"Workers are more comfortable coming to a worker-oriented centre — labour-oriented training is indeed necessary," says Michaud.

"Presently, there is a move towards union/management training, so the union can come to us and say 'our employer is interested.'" Training can be requested by both the union and employer, whether through collective bargaining or a company's joint health and safety committee.

And employers are certainly interested. Those in the auto industry, for example — GM, Chrysler and Ford — pay their workers for lost time so that they can attend courses. The general public is also showing an interest. These courses are offered on the curricula at Humber and Niagara Colleges in the Toronto and Welland areas, as well as at Cambrian College in Sudbury.



Field representatives provide training in the community

The Centre is currently working towards adapting training modules for specific sectors of industry — mining for example — and responds to suggestions and proposals which meet the particular needs of organized labour.

But even the most basic education and training in occupational health and safety is useful and essential. The average level of knowledge in this area is poor, and taking a Level One course can, and often does, prove "an eye-opening experience". "By the end of the course," Michaud explains, "workers realize that health and safety around the workplace is everybody's responsibility."

With this solid foundation behind them, the Centre can now look forward to building more innovative and creative programs to meet the increasingly specialized needs of Ontario's workers. This will extend beyond courses to written and audio-visual materials, conferences, and to presenting its packages in regions across the province. Regional offices will organize and

promote the distribution of materials, plan education sessions, and service the information needs of union representatives and workers in their area.

Volunteer instructors

The Centre currently has six field representatives — three in the Toronto office and one in each of the regional offices in Thunder Bay, Sudbury and Cambridge. In addition to serving Thunder Bay itself, the regional office does a lot of liaison work in the surrounding areas. Explains Don McMillan, field representative in Thunder Bay, "That means getting out to the councils and communities and telling them what we can provide. I believe our office is doing a pretty good job, covering the hundreds of miles between committees in northwestern Ontario."

Most of the training, of course, goes on outside the office, by a core of 200 to 300 volunteer instructors who are committed to what the Centre stands for. They represent, between them, a wide spectrum of industry in the province, and can often add a personal experience of their own to drive home the message.

The Centre has two training officers and a researcher/toxicologist on staff in Toronto to support their colleagues in the field. They are responsible for designing new programs specific to different sectors of industry, and for providing additional information on various subjects as required. All staff have been trained to gain access to the computer resource data base at the Canadian Centre for Occupational Health and Safety in Hamilton, so that they, and field representatives, will always be in a position to provide advice and assistance, be it of a chemical, bibliographic or legal nature.

To date, the Ontario Workers' Occupational Safety and Health Centre has proven a great success. It is also proving that, when management and labour work together on health and safety in the workplace, they can come up with effective solutions.

There is a growing need and emerging demand for the kind of training the Centre offers, as well as tremendous potential for it to play an even greater role in occupational health and safety education in this province. "The top priority,"

says Ray Hainsworth, executive director of Administration and Finance at the Centre, "is to continue along the same path, only further — that is, to expand the present delivery of service throughout the province."

At the same time, there are plans to build up the central office, with more staff to research and produce new materials for use by regional instructors. The Centre has submitted its proposal for a three-year plan to the Board's Occupational Health and Safety Education Authority.

In the words of Pilkey, "With this kind of funding, we can develop a delivery system and worker-oriented programs that will ultimately meet the needs of Ontario workers and the needs of their unions in the health and safety education area. The needs are great. We will have to expand our service to meet the demand."

"We have begun to define a meaningful role for labour in all aspects of health and safety training," adds Hainsworth, "so that every worker in Ontario will have access to it. It is their right."

Future well-being

As for the future, there will always be new concerns, new technology, new chemicals and, unfortunately, new hazards. As the Centre continues to grow and develop, it will become better able to serve Ontario's workers, to alert them to the vast array of hazards, and to let them know that there is something they can do about it.

The International Labour Organization, which is part of the United Nations, defines occupational health as "...pursuing the highest degree of physical, mental, and social well-being of workers...." The Ontario Workers' Occupational Safety and Health Centre not only supports this definition, but looks upon it as a capsule of the work it does.

It is perhaps an irony that the first conference organized by the Centre was on the subject of noise because, like noise, the Centre hopes its message will be heard by everyone. As MacPherson concludes, "The feedback we're getting is just phenomenal, but we've just touched the tip of the iceberg." ■

Employment Equity

by Linda Cahill

Thunder Bay WCB claims adjudicator Richard Zillman will never forget the accident that changed his life. It was a sunny morning in May 1973, and Zillman was a carefree 24-year-old, earning a good salary as a driller in a north-western Ontario mine.

Suddenly, the ledge he was sitting on gave way. He plunged 43 feet down the rocky side of the pit, coming to rest in a jumble of ice and mud. Chunks of what miners call "frost" — frozen mud — fell on top of him, battering his still body and injuring his back, right leg and left arm.

Zillman was on workers' compensation benefits for seven weeks before returning to work. During the next 10 years, he continually retrained himself, upgrading his mining skills. In 1983, however, his doctor told him he could no longer do physical labour. Again on compensation, he went back to school.

Finally, with the help of WCB vocational rehabilitation counsellor Patrick Morrissey, then rehabilitation team coordinator George Elvish, and a unique series of Board initiatives, Richard Zillman, injured worker, became Richard Zillman, claims adjudicator.



Thunder Bay's Richard Zillman understands workers' problems

Hiring Injured workers

Zillman, 37, is just one of 43 injured workers hired by the Board since its Employment Equity program began sponsoring the Injured Worker Employment Initiative in June 1986. The initiative itself is one of many services offered by the Board's Employment Equity program. The aim of the program is to ensure equality of opportunity for all staff at the Board, including the disabled, explains former Employment Initiative coordinator Gail Rieschi.

An earlier Employment Equity project, Outreach, was also developed to help get persons with disabilities hired at the Board. Data showed that injured workers were applying for positions but needed special assistance in getting past the initial selection process.

The new initiative reflects a common concern among Board staff that their clients obtain greater representation as WCB employees. "We

at the Board looked around and decided we could do a lot better with respect to hiring injured workers," says Rieschi. "Part of the problem is that, although they may have been retrained, they usually have no related work experience. They are not able to compete with people who have had that sort of experience and they tend to get weeded out early in the recruitment process."

Rieschi, a vocational rehabilitation coordinator at head office, was one of seven Board staff selected to work on the new recruiting initiative. The team includes representatives from the Board's Employment Equity, Vocational Rehabilitation, Claims Services, Human Resources and Regional Operations areas. The opening of the Board's new regional offices in Hamilton, Thunder Bay and Ottawa — in the fall of 1986 and the spring of 1987 — was seen as a perfect opportunity to recruit and train injured workers for the newly-created positions there.

"We applied to the Ontario Human Rights Commission for special program status," explains Rieschi, "which allowed us to consider injured workers ahead of external applicants."

Continues Rieschi, "Normally, the process at the Board is that there is internal hiring from among staff, and then, if necessary, external hiring from outside. The idea is to get injured workers hired after internal candidates have the opportunity to apply and before external candidates are considered."

Richard Zillman was one of four injured workers hired as a claims adjudicator in Thunder Bay when the area office there was upgraded into a regional office. "In June 1985, I had three months of upgrade educational training," he says. "Then I did social services for a year at Confederation College, under Board sponsorship. When school ended in April 1986, I got into a Work Experience Opportunity Program in the Board's Thunder Bay office. And when they began hiring for regional offices through Employment Equity, I submitted an application and was hired."

Work Experience Program

The Work Experience Opportunity Program (WEOP) that Zillman took part in — another Employment Equity Initiative — is designed to give injured workers a chance to try different jobs at the Board before applying for employment, whether in or outside the Board. Under WEOP, Zillman worked in the rehabilitation section of the Thunder Bay office. "I was the first work station person, and the first rehabilitation counselling assistant hired in Thunder Bay," he says. "Basically, I did almost the same work as the counsellors, but I couldn't make decisions on entitlement for payment."

Zillman credits both programs and the warm support of Morrissey and Elvish for his success. "If it hadn't been for the support and assistance of Pat Morrissey, my rehabilitation counsellor, and George Elvish, rehabilitation team coordinator in Thunder Bay, I probably wouldn't be where I am today. They are basically the people that gave me the chance, and for that I would like to thank them."

In September 1986, Zillman was sent for adjudicator training in Sudbury. Two months later, with the opening of the Thunder Bay regional office, he became a claims adjudicator.

Shifting to a white-collar desk job meant some hard choices, however. Zillman had to move his wife and three children to Thunder Bay, selling his home in a depressed mining area at a loss. He also learned a new set of social guidelines for work.

Diplomacy counts

A heavy duty mechanic during his last mining job, Zillman found dealing with claimants very different from dealing with miners. "In this position, you have to be diplomatic. If someone screams at you and yells for nothing, you have to wait until he calms down to talk to him. If it happens underground, you don't take that kind of guff."

Hiring former injured workers like Zillman to assist other injured workers adds a wealth of first-hand experience to the adjudication services his office can offer. Zillman has been injured, on compensation, and has taken rehabilitation training.

Sixteen other injured workers have also been hired to fill claims adjudicator positions in the Board's new regional offices. Still others have been hired for the positions of secretary, word-processing operator, data entry clerk, records control clerk, receptionist-counsellor, claims controller, switchboard operator, mailroom clerk, stores-keeper and security officer.

In a few instances, managers may have been reluctant to hire an injured worker for fear that he or she could not adapt to the routine of office work or cope with the physical requirements of the job, admits Rieschi. To alleviate these fears, the Injured Worker Employment Initiative can arrange for a short-term work assessment, based on a worksite analysis of the job in question. In one such case, the employee successfully completed a five-day work assessment and was hired for a responsible position in one of the new regional offices, where "he is doing quite well," she says.

In other cases, work assessments have served to redirect injured workers from one employment opportunity to another. "We had a case where a worker applied to be a claims adjudicator. It was decided she would make a really excellent receptionist-counsellor and she was hired for that position instead," Rieschi explains.

Several benefits have already been realized as a result of the Injured Worker Employment Initiative. First, active recruitment brought more injured workers forward to apply for jobs at the Board. The number of applications referred to recruitment in the first four months of the program in 1986 was 13 times the number processed by the Outreach program in 1985, or 133 to 10.

Second, injured workers are assisted in overcoming their lack of related work experience, through the Work Experience Opportunity Program, and satisfactory placements often result. And finally, the extra costs involved are relatively low, considering the number of injured workers who have already been successfully employed.

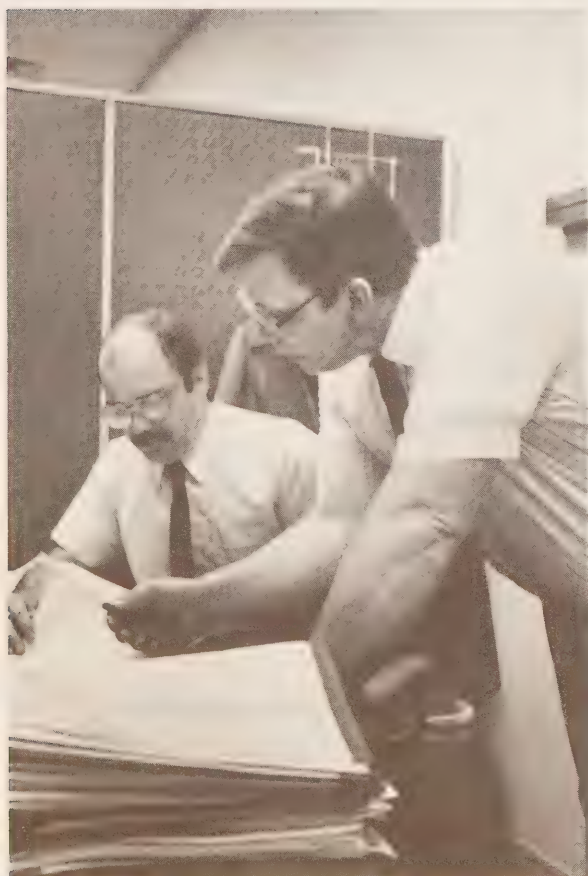
Over time, these workers will prove themselves and will pave the way for other injured workers to be taken on without the help of a special program, foresees Rieschi. Ongoing training and education of both injured workers and Board staff will contribute to this outcome.

So successful has the program been that it has now been incorporated into the Board's normal recruitment process province-wide. The Board already has an inventory of some 300 more potential candidates to draw upon as appropriate positions become available.

"The Board identified the need and realized that, since its business is injured workers, it should be setting an example to the province's employers," says Rieschi. "We've also learned a lot about the training needs of injured workers and employers that can be applied by employers outside the Board as well."

For Thunder Bay's Richard Zillman, and for 42 other injured workers hired by the Board as a result of these and other Employment Equity programs, the experience has been the chance of a lifetime. "It's wonderful," confirms Zillman. "A person who has the opportunity should give it all they've got." ■

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New adjudicator Richard Zillman counsels client (above) confers with colleague John Kergon

Job Aid Program

by Linda Cahill

12

A unique employment initiative, being conducted in communities across Ontario and Canada is helping specific groups of individuals — including those with disabilities — enter or re-enter the workforce.

Federally-sponsored Local Advisory Councils (LACs) are providing community representatives — Workers' Compensation Board staff among them — with the opportunity to intervene directly in government initiatives on job creation and training in their areas. These councils are particularly concerned with four target groups who, traditionally, have difficulty in penetrating the labour force; women, native peoples, youth, and the disabled.

Working closely with their local Canada Employment Centre (CEC), the councils make recommendations on the kind and quality of job assistance available, with concern for job development, skill shortages, innovation, training and re-training. Managers of these centres are expected to respond to every recommendation.

The creation of the councils is a key aspect of the three-year Canadian Jobs Strategy Program, set up by the Canada Employment and Immigration Commission in July 1985 to assist individuals entering or re-entering the workforce. The Commission was given responsibility for organizing 74 advisory councils in Ontario. Each of the approximately 15-member councils is designed as a forum where government, labour and employer representatives in the local area can meet to discuss employment problems and opportunities.

"Key process"

Pat Lamanna, formerly divisional co-ordinator of Vocational Rehabilitation Services at the Workers' Compensation Board in Toronto, found his participation in the High Park North (Toronto) Local Advisory Council a valuable addition to his work with the Board. Lamanna headed the High Park North area LAC until his recent promotion to manager of program services in the Board's Ottawa regional office.

"The key for us is to be part of the community process, to represent the WCB in the community, and to assist injured workers," says Lamanna.

"The program as such does not target injured workers. Our participation helps to ensure the interests of injured workers, as a group, are represented."

WCB Chairman Robert Elgie wrote to MPs requesting observer status for Board personnel on each of the proposed councils in February 1986, because of the Board's role in rehabilitation, re-training, and related employment services. "The Local Advisory Councils will prove valuable as a means of responding to the needs and demands of local labour market conditions," he said. As a result, Board staff became involved in 21 councils across the province, four as voting members and 17 as official observers.

The Workers' Compensation Board is one of several government agencies to date to show an interest in the councils, says Art Darnbrough, executive director of Vocational Rehabilitation Services at the Board. "They (Board representatives) do good work on behalf of the Board in explaining our programs, assessment questions and related matters," he says.

Debbie Babin, now divisional co-ordinator of Vocational Rehabilitation Services, was selected as a voting member of the Richmond Hill Local Advisory Council. Independent Tony Roman is the MP in the area. "They've broken it down on a regional level because of specialized labour economies," says Babin of the many councils. "Toronto, for instance, does not need the kind of program that fishery workers in St. John's, Newfoundland do."

Lamanna agrees: "Many people in local communities felt that policies which were good for the country as a whole might not necessarily be good, for example, in the High Park North region." As he explains it, the thrust of the program is to allow local community representatives a say in how federal assistance to job-hunters is divided up. The initiative for LACs, he recalls, came about when Flora MacDonald, then federal minister of Employment and Immigration, asked MPs to start committees representing their communities.

The average Local Advisory Council is expected to meet four times a year, but meetings can be held on a monthly basis. The usual day is Friday or Saturday — whenever the MP can get back to his or her riding from Parliament.

200 recommendations

"The thrust in each LAC is different," Lamanna says. "The main thing we did on the High Park North LAC was to review the Job Strategy Program and recommend changes. LACs made some 200 recommendations last year."

One very bold one was that all employers should register all of their job openings with Canada Manpower. Right now, Canada Manpower has about one-quarter to one-third of available jobs listed. "Two-thirds of people get jobs through other means," Lamanna explains. No one knows exactly what skills or specialties are in demand and that makes it hard for colleges to plan. In Sweden, for example, every job available is made known to a national centre."

Each LAC is an advisory body to its local Canada Employment and Immigration Commission, whose managers are expected to respond to recommendations. "For example," says Lamanna, "we recommended autonomy in juggling funds between their four programs and target groups. This was adopted to some extent." In one case, it allowed individuals to qualify for educational training programs in a shorter period of time. "If you are unemployed, there is a fairly significant waiting period before you are eligible for training," he explains. "We thought that was too long."

Lamanna's council is particularly active, confirm other members. Charles Caccia, the Liberal member for High Park North, invited Lamanna as well as two members of the external task force on vocational rehabilitation, Maria Minna and Ed Thornton, to participate in its work.

Thornton, a representative of the Labourers' International Union of North America Local 183, sees the infant advisory councils as a valuable attempt to provide community input and says he is confident some good will come from their recommendations. In every council, meetings are open to the public.

"It is a way for the community to liaise with the Canada Employment and Immigration Commission and CEC centres," adds Babin. "The community sees them as a provider of services, basically a provider of employment. Our injured workers contact the local CEC office as well."

Government participants on the LACs are expected to include provincial officials; representatives of the secondary school system, community colleges and universities; and a municipal government representative in the area. Private sector participants may include members of the local Chamber of Commerce; other business and industry organizations; labour unions; other groups representing workers and the unemployed; representatives of women's organizations; youth organizations; as well as other special-interest groups, as determined by local conditions.

Keeping in touch

Keeping employers and workers informed and in touch with one another is a key responsibility of the Local Advisory Councils, participants agree. "We want an employer to come and say 'I need automotive mechanics, for example,'" says Babin. "The council would then forward a presentation to the CEC to recommend funds be provided for this type of training."

Babin's Richmond Hill advisory council made its first priority an overview of available community resources, including existing job training and social assistance. "For employers on the council, it was beneficial to understand the levels of service provided — in terms of who qualifies for UIC or how long it takes construction workers to be eligible for benefits. It was a chance to understand just how the system works."

"An overview of our Board programs was also helpful for them," continues Babin, "in order to know how our claims adjudication system or our vocational rehabilitation programs function. This became a forum to let people know just what is going on, and for LAC representatives to suggest changes." ■

Short Takes Short Takes Short Takes Short Takes Short Takes

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WCB OPENS NEW OTTAWA REGIONAL OFFICE

The Workers' Compensation Board, as part of its ongoing efforts to improve service, has transformed its Ottawa area office into a full-service regional office, effective May 19, 1987.

The Ottawa office becomes the fifth regional office to be opened by the Board and follows recent openings in Hamilton and Thunder Bay. A sixth regional office will be operational in Windsor in early 1988.

New services available in Ottawa include: claims registration; adjudication of accident claims; authorization of compensation payments; in-house medical consultation and processing of health care accounts; and disability pension adjudication.

A full-service office in Ottawa will result in a number of benefits to injured workers, employers, doctors and other health care professionals; such

as, more responsive and personal service; faster processing of payments; and greater availability of claims information, combined with extensive vocational rehabilitation counselling and financial services.

Areas serviced by the Ottawa regional office are: the counties of Leeds and Grenville; Lanark; Prescott and Russell; Stormont, Dundas and Glengarry; Frontenac; Lennox-Addington; Hastings; Prince Edward; and Renfrew and the regional municipality of Ottawa-Carleton. In addition, the Ottawa office is responsible for the WCB's information office in Kingston. ■

The Ottawa regional office is located at 360 Albert Street, Suite 200, Ottawa, Ontario, K1R 7X7. Telephone: (613) 238-7851. There's also a toll-free number you can call: 1-800-267-9601.

REHAB CENTRES IN LOCAL COMMUNITIES

The Workers' Compensation Board has launched a one-year pilot project which will provide early medical rehabilitation to injured workers with certain types of injuries in some local communities.

The program is aimed at treating injured workers with back and soft tissue injuries — muscle strain, for example — as soon as possible after their accident. Medical research shows that sooner is better in the medical rehabilitation of these types of injuries. Family doctors, specialists and other treating agencies are being encouraged to refer their patients to the programs early — no later than 10 weeks after the injury.

Although the Board has no direct control over the programs, medical facilities proposing to provide these services were required to meet criteria set by the Board. In most cases, treatment will consist of a progressive program of pain relief through physiotherapy, exercise, mobilization,

muscle strengthening, and a gradual increase in work activities.

Depending on an injured worker's progress, full-day treatment programs will take up to three weeks to complete. There will also be two half-day programs of four and six weeks duration.

To date, the following centres have been authorized to participate in the program: Canadian Back Institute, Toronto (back injuries); St. Joseph's Hospital, Hamilton (back injuries); Henderson General Hospital, Hamilton (back injuries); The Heritage Orthopaedic, Sports Medical Clinic and Rehabilitation Centre, Thunder Bay (all types of soft tissue injuries); The Early Treatment Centre for Industrial Injuries, Hamilton (all types of soft tissue injuries). ■

OFL V-P NAMED BOARD DIRECTOR

Donald Holder has been appointed to the WCB's Board of Directors as a representative of workers. He replaces the late Charles (Bud) Clark.

For the past 34 years, Holder has been an active member of the Canadian Paperworkers Union (CPU), and is currently vice-president of its Region III, a position he has held since 1980. He was involved in the Canadianization of the union; served as a national representative for 13 years; and spent four years as president of CPU Local 290, in addition to having held other executive positions there. In 1980, he was also elected CPU's national officer.

Holder is active in other areas as well. He has been vice-president of the Ontario Federation of Labour (OFL) since 1983, and is co-chairperson of the OFL's Pollution, Conservation and Environmental Control Committee. Originally from Thorold, Ontario, he now resides in Oakville.

His appointment to the Board of Directors is effective until September 30, 1988. ■

LA CAT OUVRE UN NOUVEAU BUREAU RÉGIONAL À OTTAWA

Pour réaliser l'objectif
qu'elle s'est fixé, soit
d'améliorer ses ser-
vices, la Commission
des accidents du tra-
vail a converti son
Bureau local d'Ottawa
en un bureau régional
offrant une gamme de
services complets. Ce
bureau s'est ouvert le
19 mai 1987.

L'ouverture du bureau
d'Ottawa fait suite à
celle des bureaux
d'Hamilton et de
Thunder Bay; il
devient ainsi le cin-
quième bureau régi-
onal de la Commission.
Un sixième bureau
régional s'ouvrira à
reliever du bureau
Windsor au début de
1988.

Les nouveaux services
fournis à Ottawa com-
prennent : l'enregis-
trément et l'évaluation
des demandes
d'indemnités en cas
d'accident, l'approba-
tion des paiements
d'indemnités, un ser-
vice de consultation
médicale sur place, le
traitement des comptes
d'aide médicale et
enfin l'évaluation des
demandes de pension.

Le Bureau régional
d'Ottawa pour les
travailleurs blessés, aux employeurs,
aux médecins et
autres professionnels
de la santé de la
région d'Ottawa de

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autres professionnels
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région d'Ottawa de

LES CENTRES DE RÉADAP- TATION DANS LES COMMU- NAUTÉS LOCALES

La Commission des
accidents du travail a
lancé un projet pilote
d'un an visant à offrir
dans diverses commu-
nautes, des services
de réadaptation fonc-
tionnelle aux travail-
leurs ayant subi certains
types de lésions, le
plus tôt possible
après leur accident.

Le programme vise à
traiter très rapidement
après leur accident les
travailleurs atteints de
lésions dorsales et de
lésions des tissus mous
— par exemple, des
délégations musculai-
res. Les recherches
médicales sur ce genre
de lésions démontrent
que plus le traitement
est rapide, plus il est
efficace. Nous encon-

trons donc vivement
les médecins de famille
et les spécialistes et les
établissements de
soins à faire participer
leurs patients à ces
programmes de réa-
daptation le plus tôt
possible — au plus
tard dix semaines
après l'accident.

La Commission n'exer-
ce aucun contrôle
direct sur ces pro-
grammes. Cependant
les établissements de
soins qui ont proposé
leurs services devront
se conformer aux
normes de la Commis-
sion. Dans la plupart
des cas, le traitement

consistera en un pro-
gramme graduel visant
à soulager le patient
de ses douleurs au
moyen de physiothé-
rapie et d'exercices.
de mobilisation, de
renforcement muscu-
laire et d'une augmen-
tation progressive des
tâches manuelles.

Les programmes de
traitement à temps
plein dureront un
maximum de trois
semaines, selon les
besoins de chaque
patient. Il y aura
également deux pro-
grammes d'une demi-
journée pendant
quatre et six semaines
respectivement.

Jusqu'à présent, les
établissements suivants
sont autorisés à par-
ticiper au programme :
Canadian Back Insti-
tute, Toronto (lésions
dorsales), St. Joseph's
Hospital, Hamilton
(lésions dorsales),
Henderson General
Hospital, Hamilton
(lésions dorsales), The
Heritage Orthopaedic
Sports Medical Clinic
Il a de plus occupé
d'autres postes de
direction au sein de
ce syndicat. En 1980,
il a été élu dirigeant
du SCTP.

M. Holder joue égale-
ment un rôle actif au
sein d'autres organisa-
tions. Il est notam-
ment vice-président
de la Fédération du
travail de l'Ontario
(FTO) depuis 1983 et
co-président du con-
seil du Comité de pro-
tection de l'environne-
ment et de lutte contre
la pollution.

Sa nomination est
en vigueur jusqu'au
30 septembre 1988.

LE VICE- PRÉSIDENT DE LA FTO NOMMÉ AU CONSEIL D'ADMINIS- TRATION

M. Donald Holder a
été nommé au conseil
d'administration de la
CAT à titre de repré-
sentant des travail-
leurs. Il remplacera
M. Charles "Bud"
Clark, décédé.

Au cours des 34 der-
nières années,
M. Holder a été un
membre actif du
Syndicat canadien des
travailleurs du papier
(SCTP). Il est à l'heure
actuelle vice-président
de la région III, poste
qu'il occupe depuis
1980. Il a pris part à la
canadianisation de ce
syndicat, en a été le
représentant national
pendant treize ans et
a été président de la
section locale 290
pendant quatre ans.

Heritage Orthopaedic
Sports Medical Clinic
Il a de plus occupé
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Sa nomination est
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d'exprimer leur avis sur la façon dont l'aide du gouvernement fédéral accordée aux demandeurs d'emploi est répartie. Il se rappelle que le programme des CCL a vu le jour lorsque Mme Flora MacDonald, ministre fédéral de l'Emploi et de l'Immigration, a demandé aux députés de former des comités pour représenter leur communauté. En général, un conseil consultatif local est censé se réunir quatre fois par an, mais des rencontres peuvent avoir lieu tous les mois. La réunion a généralement lieu le vendredi ou le samedi — ou quand le député peut revenir dans sa circonscription.

Deux cents recommandations

«L'orientation de chaque conseil consultatif est différente», déclare M. Lamanna. Au CCL de High Park North, nous avons surtout étudié le programme «Planification de l'emploi» au sujet duquel nous avons recommandé certaines modifications. L'an dernier, les CCL ont émis quelque 200 recommandations.»

L'une des plus audacieuses recommandations voulait que les employés inscrivent auprès d'un Centre d'emploi du Canada toutes leurs offres d'emploi. À l'heure actuelle, les Centres d'emploi du Canada n'affichent qu'environ le quart ou le tiers des postes à pourvoir. «Les deux tiers des gens trouvent de l'emploi par d'autres moyens, explique M. Lamanna. Personne ne sait exactement quelles compétences ou spécialités sont recherchées, ce qui rend la tâche du contingentement difficile aux établissements scolaires. En Suède, par exemple, les employeurs sont tenus de faire connaître leurs postes vacants par l'intermédiaire d'un centre national.»

Chaque CCL est un organisme consultatif rattaché à la Commission de l'emploi et de l'immigration du Canada, dont les gestionnaires sont tenus de prendre en considération les recommandations faites par les CCL. «Par exemple, dit M. Lamanna, nous avions réclamé une plus grande autonomie en matière de gestion des fonds alloués aux quatre programmes et aux groupes cibles de la CEIC; cette recommandation a été adoptée dans une certaine mesure.» Cela a notamment permis aux travailleurs d'être admis à des programmes de formation scolaire dans des délais moins longs. «Si vous êtes chômeur, vous devez attendre un laps de temps assez considérable avant de pouvoir suivre des cours de formation, explique-t-il. Nous étions d'avis que cette période d'attente était trop longue.»

Le conseil auquel M. Lamanna appartenait joue un rôle très actif, de l'avis d'autres membres. M. Charles Caccia, député libéral de High Park North, a invité M. Lamanna ainsi que deux membres du groupe de travail indépendant sur la réadaptation professionnelle, Mme Maria Minna et M. Ed Thornton, à participer aux travaux du conseil.

M. Thornton, représentant de la section locale 183 de l'Union internationale des journalistes d'Amérique du Nord, considère que la création

des conseils consultatifs constitue une tentative valable pour faire participer la communauté et il pense que leurs recommandations seront fructueuses. D'autre part, le public peut assister aux réunions des conseils consultatifs.

«Les conseils permettent à la communauté d'avoir des liens avec la Commission de l'emploi et de l'immigration du Canada et ses centres d'emploi, ajoute Mme Babin. Pour la communauté, le conseil consultatif offre des services et est essentiellement un «pourvoyeur d'emplois». Les travailleurs blessés dont nous nous occupons contactent également le Centre d'emploi du Canada de leur région.»

Parmi les membres du gouvernement qui font partie des CCL, on doit en principe retrouver des représentants du système scolaire secondaire, des collèges communautaires et des universités et, enfin, un représentant municipal pour la région. Quant aux membres des CCL provenant du secteur privé, ils peuvent être choisis parmi les membres de la Chambre de commerce locale, les membres d'associations commerciales et industrielles, ceux de syndicats et d'autres groupes représentant les travailleurs et les chômeurs ainsi que parmi les représentants d'associations de femmes et de jeunes et d'autres groupes d'intérêt dont le choix dépend des conditions propres à la région en question.

Contacts réguliers

Informier régulièrement les employeurs et les travailleurs et faciliter le contact entre eux font partie des responsabilités des Conseils consultatifs locaux, s'accordent à dire les membres des conseils. «Par exemple, déclare Mme Babin, nous voulons qu'un employeur qui recherche des mécaniciens s'adresse directement au conseil consultatif qui soumettra ensuite un avis au CEC recommandant l'octroi de fonds pour offrir ce genre de formation.»

Le Conseil consultatif local de Richmond Hill, auquel appartiennent Mme Babin, s'est donné comme priorité de passer en revue les ressources dont dispose la communauté, y compris les services de formation professionnelle et d'aide sociale. «Quant aux employeurs membres du conseil, ils avaient besoin d'avoir une idée précise du type d'aide offerte et de savoir, par exemple, qui a droit aux prestations d'assurance-chômage ou combien de temps les travailleurs de la construction doivent attendre avant d'être admissibles à ces prestations. Ainsi, ils ont pu comprendre comment le système fonctionne», dit Mme Babin.

«Un examen des programmes offerts par la Commission a été également profitable aux employeurs, ajoute Mme Babin, car cela leur a permis de comprendre notre système d'indemnisation ou nos programmes de réadaptation professionnelle. Les conseils consultatifs sont donc devenus en quelque sorte un forum, un centre d'information pour tous qui donne l'occasion aux représentants de proposer des changements.» ■

d'aide à l'emploi!

LA COMMISSION ET LES REPRÉSENTANTS DES COMMUNAUTÉS PARTICIPENT AUX PROGRAMMES

Un projet de placement unique dans son genre est en cours dans des communautés en Ontario et au Canada. Ce projet vise à aider certains groupes, dont les personnes atteintes d'une invalidité, à pénétrer ou réintégrer le marché du travail.

Les Conseils consultatifs locaux (CCL) parainés par le gouvernement fédéral, donnent aux représentants des communautés — dont certains font partie de la Commission des accidents du travail — la possibilité d'intervenir directement dans les programmes gouvernementaux en matière de création d'emplois et de formation, dans leur région respective. Ces conseils s'intéressent surtout aux quatre groupes cibles qui, traditionnellement, ont de la difficulté à percer sur le marché du travail, à savoir les femmes, les autochtones, les jeunes et les personnes handicapées.

Les conseils, en collaboration étroite avec le Centre d'emploi du Canada (CEC) de leur région, sont chargés de faire des recommandations sur le type et la qualité de l'aide professionnelle offerte, en se penchant sur le perfectionnement professionnel, la pénurie de main-d'œuvre, l'innovation, la formation et le recyclage. Les directeurs de ces centres sont censés tenir compte de chaque recommandation qui leur est faite.

Un rouage essentiel

La création des conseils constitue un rouage essentiel du programme «Planification de l'emploi», d'une durée de trois ans, qu'a mis sur pied la Commission de l'emploi et de l'immigration du Canada (CEIC) en juillet 1985 pour aider les personnes qui cherchent un emploi pour la première fois ou veulent réintégrer le marché du travail. La Commission s'est vu confier la responsabilité de mettre sur pied 74 conseils consultatifs en Ontario. Chacun des conseils, composé d'environ 15 membres, est conçu comme un forum où le gouvernement ainsi que les représentants du patronat et des syndicats de la région en question peuvent se rencontrer pour discuter des problèmes de chômage et des débouchés possibles.

M. Pat Lamanna, ancien coordonnateur des Services de la réadaptation professionnelle au siège de la Commission des accidents du travail à Toronto, estime que sa participation au Conseil consultatif local de High Park North, à Toronto, s'est avérée une expérience enrichissante. M. Lamanna a dirigé le CCL de High Park North jusqu'à sa récente promotion au poste

de chef du Service à la clientèle, au Bureau régional d'Ottawa de la Commission.

«L'important pour nous est de jouer un rôle actif au sein de la communauté, de représenter la CAT et d'aider les travailleurs blessés, déclare M. Lamanna. Le programme en tant que tel ne s'adresse pas spécifiquement aux travailleurs blessés. Notre participation aux conseils consultatifs nous permet de veiller à ce que les intérêts des travailleurs blessés, en tant que groupe, soient bien représentés.»

Le président du conseil de la CAT, Dr Robert Elgie, a écrit aux députés provinciaux pour demander que des membres du personnel de la Commission siègent à titre d'observateurs à chacun des conseils prévus en février 1986, compte tenu du rôle de la Commission en matière de réadaptation, de recyclage et de placement. «Les Conseils consultatifs locaux seront un instrument utile pour répondre aux besoins et exigences du marché du travail dans une région donnée», a indiqué Dr Elgie. D'autre part, des membres du personnel de la Commission ont adhéré à 21 conseils ontariens, 4 d'entre eux à titre de membres votants et 17, à titre d'observateurs attitrés.

La Commission des accidents du travail est l'un des organismes gouvernementaux qui ont montré jusqu'ici un intérêt à l'égard des conseils, a déclaré M. Art Dambrough, directeur général des Services de la réadaptation professionnelle à la Commission. «Ils les représentants de la Commission] font un excellent travail au nom de la Commission, en expliquant ses programmes et en répondant aux questions touchant aux cotisations et à d'autres aspects connexes», dit-il.

Mme Debbie Babin, maintenant coordonnatrice divisionnaire des Services de la réadaptation professionnelle, a été choisie pour faire partie du Conseil consultatif local de Richmond Hill, en qualité de membre votant. M. Tony Roman, député indépendant, est à la tête de cette circonscription. «Les organisateurs du programme CCL ont mis sur pied les conseils à l'échelon régional en tenant compte des données économiques particulières de chaque région», a commenté Mme Babin au sujet des nombreux conseils. «Toronto, par exemple, n'a pas besoin du même genre de programme que les travailleurs des pêcheries de St-Jean, à Terre-Neuve.»

M. Lamanna renchérit : «Nombre d'habitants des communautés locales considèrent que les politiques qui étaient valables pour l'ensemble du pays ne convenaient pas forcément à la région de High Park North.» Comme il l'explique, l'objectif du programme est de permettre aux représentants des communautés locales

par Linda Cahill

Dans d'autres cas, les évaluations de travail ont permis d'orienter les travailleurs blessés et de leur offrir un autre poste. «Prenons le cas d'une travailleuse qui avait présenté une demande d'emploi pour être agent d'indemnisation. On a réalisé qu'elle pouvait être un excellent agent d'accueil et on lui a offert ce poste à la place», explique Gail Rieschi.

Le Programme d'emploi pour les travailleurs blessés a déjà donné de bons résultats. Tout d'abord, le recrutement intensif a fait qu'un plus grand nombre de travailleurs blessés ont fait une demande d'emploi auprès de la Commission. Le nombre de demandes d'emploi soumises au cours des quatre premiers mois du programme en 1986 était 13 fois plus élevé que celui des demandes traitées lors du programme Extension en 1985, (133 comparativement à 13).

D'autre part, par l'entremise du Programme d'expérience professionnelle, les travailleurs blessés reçoivent l'aide dont ils ont parfois besoin lorsqu'ils n'ont pas l'expérience voulue. Ils obtiennent souvent ainsi de très bons postes. Enfin, les frais connexes sont relativement peu élevés si l'on considère le nombre de travailleurs blessés qui ont déjà été engagés.

Gail Rieschi espère qu'à la longue, ces travailleurs feront leurs preuves et ouvriront la voie à d'autres travailleurs blessés qui seront éventuellement employés sans l'aide d'un programme spécial. Pour parvenir à cet objectif, il faut continuer de former et d'éduquer les travailleurs blessés et le personnel de la Commission.



Richard Zillman, nouvel agent d'indemnisation, conseille un client (ci-dessus) et discute avec un collègue, John Kergon.

Ce programme a connu un tel succès qu'il est à présent intégré au processus de recrutement ordinaire de la Commission dans toute la province. La Commission a actuellement une liste d'environ 300 autres candidats prêts à combler les postes à mesure qu'ils sont libérés.

«La Commission a identifié les besoins et a réajusté que, puisqu'après tout elle s'occupait essentiellement de travailleurs blessés, elle devait donner l'exemple aux employeurs de la province, mentionne Gail Rieschi. Nous avons également beaucoup appris au sujet de la formation dont les travailleurs blessés et les employeurs ont besoin et notre expérience peut s'appliquer à l'extérieur de la Commission également.»

Ces programmes, ainsi que d'autres programmes d'équité en matière d'emploi, ont permis à Richard Zillman et à 42 autres travailleurs blessés d'avoir la chance de leur vie. «C'est merveilleux, déclare-t-il. Lorsque l'occasion se présente, il faut la saisir et faire de son mieux.» ■



«Nous nous sommes adressés à la Commission des droits de la personne de l'Ontario pour obtenir une dispense spéciale, explique Gail Riesch, ce qui nous a permis de considérer les travailleurs blessés avant les autres candidats.»

Gail Riesch ajoute : «En temps ordinaire, la Commission recrute parmi son personnel et, au besoin, s'adresse à l'extérieur. L'objectif est d'embaucher des travailleurs blessés après le recrutement interne et avant le recrutement externe.»

Richard Zillman est l'un des quatre travailleurs blessés qui ont obtenu un poste d'agent d'indemnisation au bureau de Thunder Bay lors de sa formation pendant trois mois pour me perfectionner, dit-il. Puis, j'ai suivi des cours d'assistance sociale pendant un an au Collège de la Confédération. Ce programme était parrainé par la Commission. À la fin du cours, en avril 1986, j'ai participé à un programme d'expérience professionnelle au bureau de Thunder Bay. Lorsque la Commission a commencé de recruter des candidats par l'entremise de son Programme d'équité en matière d'emploi, j'ai fait une demande d'emploi et j'ai obtenu un poste.»

Programme d'expérience professionnelle

Le Programme d'expérience professionnelle (un autre programme d'emploi pour les travailleurs blessés), auquel Zillman a participé, est destiné à donner aux travailleurs blessés l'occasion d'occuper divers postes à la Commission avant de faire une demande d'emploi officielle ou de chercher du travail ailleurs. Lorsqu'il participait au Programme d'expérience professionnelle, Richard Zillman a d'abord travaillé dans le service de réadaptation du bureau de Thunder Bay. «J'étais le premier participant à ce programme et le premier aide-conseiller en réadaptation à être embauché à Thunder Bay, dit-il. Je faisais dans l'ensemble le même travail que les conseillers, si ce n'est que je n'étais pas autorisé à prendre des décisions concernant le paiement des indemnités.»

Richard Zillman estime qu'il doit sa réussite aux deux programmes ainsi qu'au soutien de Pat Morrissey et de George Elvish. «Sans Pat Morrissey, mon conseiller en réadaptation, et George Elvish, le coordonnateur d'équipe du service de réadaptation à Thunder Bay, je ne serais probablement pas là où je suis aujourd'hui. Ils m'ont donné ma chance et j'aimerais les en remercier.»

En septembre 1986, Richard Zillman a été envoyé à Sudbury pour suivre un cours de formation pour devenir agent d'indemnisation. Deux mois après l'ouverture du Bureau régional de Thunder Bay, il a été engagé comme agent d'indemnisation.

Savoir faire preuve de diplomatie

Son dernier emploi dans les mines ayant été celui de mécanicien de machinerie lourde, Richard Zillman réalisa par la suite qu'il ne pouvait pas avoir les mêmes rapports avec les requérants qu'avec ses collègues des mines. «Un agent d'indemnisation doit être diplomate. Si quelqu'un proteste et hurle pour un rien, vous devez attendre qu'il se calme avant de lui parler. Lorsque ça se passe dans une mine, vous n'acceptez pas ce genre de bêtise.»

Le fait d'employer d'anciens travailleurs blessés qui ont une expérience de première main, comme Richard Zillman, pour aider d'autres travailleurs blessés est un atout pour les services d'indemnisation que son bureau peut offrir. Richard Zillman a été blessé, a reçu des indemnités et participé à un programme de réadaptation.

Seize autres travailleurs blessés ont été engagés pour occuper des postes d'agent d'indemnisation dans les nouveaux bureaux régionaux. D'autres encore occuperont des postes de secrétaire, d'opérateur de traitement de texte, d'opérateur de saisie de données, de commis à la vérification des dossiers, d'agent d'accueil, de vérificateur des demandes d'indemnités, de standardiste, de préposé au courrier, de magasinier et d'agent de sécurité.

Il se peut que certains chefs de service aient hésité à engager des travailleurs blessés de peur qu'ils ne puissent s'adapter au travail de bureau routinier ou soient physiquement incapables de faire le travail, reconnaît Gail Riesch. Pour écarter toute idée préconçue, une évaluation de travail de courte durée, basée sur une analyse en milieu de travail d'un poste donné, peut être effectuée dans le cadre du Programme d'emploi pour les travailleurs blessés. Dans un cas particulier, un employé a participé à un programme d'évaluation de travail de cinq jours et a été engagé pour occuper un poste comportant de nombreuses responsabilités dans l'un des nouveaux bureaux régionaux. «Ça marche très bien», dit-elle.

d'équité en matière d'emploi

par Linda Cahill



**Richard Zillman comprend
les problèmes des
travailleurs blessés.**

Cette nouvelle initiative reflète la préoccupation des membres du personnel de la CAT, soit que leurs clients se joignent en plus grand nombre aux employés de la CAT. « Nous nous sommes penchés sur la question et avons décidé qu'il y avait des progrès à faire en ce qui concerne le recrutement des travailleurs blessés », mentionne Gail Rieschi. Elle ajoute : « Cela est en partie dû au fait que même si les travailleurs ont reçu une formation, ils n'ont généralement pas d'expérience. Ils doivent se mesurer à des candidats qui ont plus d'expérience qu'eux et sont éliminés dès les premiers stades du processus de recrutement. »

Gail Rieschi, une coordonnatrice auprès des services de réadaptation professionnelle du siège social, a été l'un des sept membres du personnel qui ont été choisis pour participer au nouveau programme de recrutement. L'équipe est composée de représentants du Programme d'équité en matière d'emploi de la Commission, des services de réadaptation professionnelle, des services d'indemnisation, des Ressources humaines ainsi que des bureaux régionaux. L'ouverture des nouveaux bureaux régionaux d'Hamilton, Thunder Bay et Ottawa, à l'automne 1986 et au printemps 1987, offre de nombreuses possibilités de recrutement et de formation des travailleurs blessés.

Richard Zillman, un agent d'indemnisation du bureau de Thunder Bay de la Commission des accidents du travail, n'oubliera jamais l'accident qui a changé sa vie. Par un matin ensoleillé de mai 1973, Richard Zillman, âgé de 24 ans, était insouciant. Il gagnait bien sa vie en travaillant comme foreur dans une mine du nord-ouest de l'Ontario.

Soudainement, la saillie sur laquelle il était assis seffondra et il fit une chute de 43 pieds, déboulant le long de la paroi rocheuse et atterrissant dans une mer de boue et de glace. Des morceaux de boue glacée que les mineurs appellent « gelée » lui tombèrent dessus, frappant son corps immobile et le blessant au dos, à la jambe droite et au bras gauche.

Richard Zillman toucha des indemnités de la Commission pendant sept semaines avant de reprendre son travail. Pendant les dix années suivantes, il ne cessa de poursuivre sa formation de mineur pour se perfectionner. Cependant, en 1983, son médecin lui annonça qu'il ne pourrait plus faire du travail manuel. Il reçut de nouveau des indemnités de la CAT et reprit ses études.

En fin de compte, grâce à l'aide de Patrick Morrissey, conseiller en réadaptation professionnelle de la CAT, de George Elvish, alors coordonnateur d'équipe, et grâce aux nombreux efforts de la Commission, Richard Zillman, travailleur blessé, devint Richard Zillman, agent d'indemnisation.

Embauche de travailleurs blessés

Richard Zillman, qui a maintenant 37 ans, est l'un des 43 travailleurs blessés engagés par la Commission, en effet, depuis juin 1986, la CAT parraine le Programme d'emploi pour les travailleurs blessés. Cette initiative s'inscrit dans le cadre du Programme d'équité en matière d'emploi qui offre de nombreux services. L'objectif de ce programme est de garantir les mêmes avantages à tous les membres du personnel de la Commission, y compris ceux ayant une invalidité, explique Gail Rieschi, ancienne coordonnatrice du programme d'emploi. Un autre programme d'équité en matière d'emploi, « Extension », avait auparavant été mis sur pied pour aider les personnes souffrant d'une invalidité à obtenir un poste auprès de la Commission. On s'est aperçu que des travailleurs blessés faisaient des demandes d'emploi, mais avaient besoin d'aide pour dépasser le stade de sélection initiale.

Avec une base si solide, le Centre peut maintenant envisager l'élaboration de programmes plus innovateurs et créatifs qui répondront aux besoins de plus en plus spécifiques des travailleurs de l'Ontario. En plus des cours de formation, le Centre aura recours à du matériel écrit et audio-visuel, à des conférences, et fera des présentations dans diverses régions de la province.

Les bureaux régionaux s'occuperont de la distribution du matériel, organiseront les séances de formation et fourniront les renseignements demandés aux représentants syndicaux et aux travailleurs de la région.

Instructeurs bénévoles

Le Centre emploie actuellement six représentants itinérants. Trois d'entre eux travaillent au bureau de Toronto et les trois autres aux bureaux régionaux de Thunder Bay, Sudbury et Cambridge. En plus de servir la communauté de Thunder Bay, le bureau régional agit comme agent de liaison avec les régions avoisinantes. Comme le souligne M. Don McMillan, représentant itinérant à Thunder Bay, «le travail consiste à visiter les conseils et à se rendre dans les communautés pour leur faire part des programmes que nous offrons. J'estime que notre bureau fait du bon travail. Nous n'hésitons pas à parcourir de grandes distances dans le nord-ouest de l'Ontario pour assister à tous les comités.»

Il va de soi qu'une grande partie de la formation se fait à l'extérieur du bureau par un groupe de 200 à 300 instructeurs bénévoles qui croient fermement à la raison d'être du Centre. Ces instructeurs proviennent de divers secteurs industriels de la province et se basent souvent sur leur propre expérience pour communiquer leur message.

Pour aider dans leur tâche les représentants itinérants, le Centre compte parmi son personnel à Toronto deux agents chargés de la formation ainsi qu'un chercheur-toxicologue. Ceux-ci sont chargés d'élaborer de nouveaux programmes, qui répondent aux besoins spécifiques des diverses industries, et de fournir au besoin des renseignements supplémentaires sur des sujets variés.

Tout le personnel du Centre a été formé pour pouvoir utiliser la banque de données informatiques du Centre canadien d'hygiène et de sécurité au travail d'Hamilton. Il est ainsi en mesure de fournir des conseils et de l'aide sur toutes sortes de questions bibliographiques, juridiques ou reliées aux produits chimiques. Le Centre des travailleurs de l'Ontario pour la santé et la sécurité s'est révélé jusqu'ici un grand succès. Son existence prouve que les dirigeants d'entreprise et les travailleurs peuvent veiller ensemble à la santé et la sécurité en milieu de travail et arriver à des solutions efficaces.

La demande pour le genre de formation qu'offre le Centre augmente constamment. Par

ailleurs, il est appelé à jouer dans la province un rôle de plus en plus grand dans le domaine de la santé et la sécurité au travail. Selon M. Ray Hainsworth, directeur général de l'administration et des finances au Centre, «notre priorité est de continuer le travail que nous avons commencé et d'étendre nos services actuels à l'ensemble de la province».

Le Centre envisage également de donner plus d'importance à son bureau central, en affectant davantage d'employés à la recherche et à l'élaboration de matériel nouveau destiné aux instructeurs régionaux. Le Centre a proposé à l'Office d'information sur la santé et la sécurité au travail de la Commission des accidents du travail un projet étalé sur trois ans.

M. Pilkey déclare : «Ce mode de financement nous permettra de créer un système de formation et de concevoir des programmes qui répondront en fin de compte aux besoins des travailleurs de l'Ontario et de leur syndicat, en matière de formation en santé et en sécurité au travail. Les besoins dans ce domaine sont nombreux. Nous devons élargir notre service pour pouvoir satisfaire la demande.» M. Hainsworth ajoute : «Il nous a fallu définir le rôle significatif que joueront les travailleurs dans le domaine de la formation en santé et en sécurité au travail sous tous ses aspects, de façon que tous les travailleurs de l'Ontario puissent y avoir accès. C'est leur droit.»

Bien-être futur

En ce qui concerne l'avenir, il y aura toujours de nouvelles préoccupations, de nouvelles technologies, de nouveaux produits chimiques et, malheureusement, de nouveaux dangers pour les travailleurs. À mesure que le Centre prendra de l'expansion, il sera en mesure de mieux servir les travailleurs de l'Ontario, de les informer des divers dangers et de leur indiquer ce qu'ils peuvent faire à ce sujet.

L'Organisation internationale du travail, qui fait partie des Nations unies, définit la santé au travail comme «[...] la poursuite d'un état complet de bien-être physique, mental et social des travailleurs [...]». Le Centre des travailleurs de l'Ontario pour la santé et la sécurité a non seulement adopté cette définition mais en a fait sa raison d'être.

Il semble quelque peu ironique que la première conférence organisée par le Centre ait été sur le bruit, car les membres du Centre espèrent que leur message fera grand bruit. Comme le conclut M. MacPherson, «la réaction est extraordinaire, mais nous n'avons touché que la pointe de l'iceberg». ■



Les représentants itinérants assurent la formation au sein de la communauté.

par l'intermédiaire de la négociation collective ou du comité mixte sur la santé et la sécurité au travail de l'entreprise.

Les employeurs sont vraiment intéressés par le programme. Dans le secteur de l'automobile, chez GM, Chrysler et Ford par exemple, les employés qui assistent aux cours continuent de toucher leur salaire. Ces cours sont également populaires auprès du public. Des cours de ce genre sont offerts par les collèges Humber et Niagara, situés dans les régions de Toronto et de Welland, et au collège Cambrian de Sudbury.

Le Centre tente actuellement de créer des modules de formation pour des secteurs industriels précis, les mines par exemple, et de donner suite aux suggestions et propositions qui tiennent compte des besoins particuliers des syndicats.

L'éducation et la formation en santé et sécurité au travail, même de base, sont toujours utiles et indispensables. Le degré moyen de connaissances dans ce domaine est généralement faible et les cours de premier niveau sont souvent «révélateurs». «À la fin du cours, les travailleurs réalisent que la santé et la sécurité au travail, c'est l'affaire de tout le monde», déclare Mme Michaud.

Participation active du secteur de l'automobile

«Les travailleurs sont plus à l'aise s'ils doivent se rendre à un centre où l'accent est mis sur les travailleurs: la formation axée sur les travailleurs est vraiment indispensable, déclare Mme Michaud. Nous voulons offrir des cours de formation à l'intention à la fois des syndicats et des dirigeants d'entreprise. Pour ce faire, les syndicats doivent nous contacter et nous indiquer que l'employeur est intéressé.» Le syndicat et l'employeur peuvent demander à prendre part au programme de formation, que ce soit

Le nouveau centre offre à présent ces deux cours. De plus, il conçoit et distribue du matériel tenant compte du point de vue des travailleurs et destine à des secteurs particuliers.

Des travailleurs reçoivent la formation nécessaire pour faire connaître le programme. Le Centre établit un premier contact avec les syndicats et les conseils de travailleurs qui, en retour, délèguent un représentant pour assister aux cours. Une fois le programme terminé, les instructeurs peuvent à leur tour former leurs propres membres et collègues de travail.

En 1980, le Centre de la FTO a commencé à donner des cours de premier niveau, c'est-à-dire des cours généraux destinés aux travailleurs s'intéressant à la santé et la sécurité au travail. En 1985, le Centre a donné des cours de deuxième niveau offrant une formation plus poussée et s'adressant aux représentants des comités mixtes sur la santé et la sécurité au travail.

Le Centre des travailleurs de l'Ontario pour la santé et la sécurité.

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Jusqu'en 1985, le Centre de formation était financé au moyen de fonds provenant de loteries périodiques et du ministère du Travail. Durant son mandat, le Centre a formé un groupe de 200 travailleurs et plus de 15 000 autres ont été informés sur la santé et la sécurité au travail et sur la prévention des accidents.

En 1985, une nouvelle réglementation a permis à la Commission des accidents du travail de prévoir une source permanente de financement qui était nécessaire au développement du programme. À la même époque, le rapport Weiler, qui venait tout juste d'être publié, recommandait que «les travailleurs prennent une part active» dans tous les aspects touchant à la santé et la sécurité au travail.

La Commission a accepté cette recommandation et, à la suite de discussions avec M. Cliff Pillkey et la FTO, a pris des mesures pour que les travailleurs jouent un rôle essentiel dans la distribution des services d'information sur la santé et la sécurité au travail. L'Office d'information sur la santé et la sécurité au travail, organisme de la Commission qui chapeaute le Centre et les neuf autres organismes de formation, a alloué 1,7 million de dollars en 1986 au Centre des travailleurs de l'Ontario pour la santé et la sécurité.

formation en sécurité

par Steve Wallace

pas toujours se représenter le travailleur comme un idiot qui trébuche sur des briques ou renverse une échelle. Les employeurs mettent l'accent sur la sécurité au travail tandis que nous insistons sur la santé au travail.»

M. Clarence MacPherson, directeur général des programmes et services itinérants du Centre, acquiesce et fait remarquer que le mythe du travailleur négligent remonte aux années 1880 époque à laquelle les travailleurs engagés pour des poursuites contre les employeurs. «Il faut surtout mettre l'accent sur les lieux de travail. La prédisposition de certains travailleurs aux accidents n'est qu'un mythe», dit-il.

Initiative de la FTO

L'idée d'un centre des travailleurs a réellement commencé à se concrétiser vers la fin des années 1970. Grâce au processus de négociation collective et à l'élan généré par l'adoption de dispositions législatives sur la santé et la sécurité au travail en 1978, les travailleurs ont commencé à s'intéresser activement au processus de changement et à la formation en santé et sécurité au travail.

Au cours de la même année, la FTO a commencé à offrir des programmes de formation et d'aide financière auprès du ministère du Travail de l'Ontario. D'Robert Elgie, qui était à l'époque ministre du Travail, a organisé un projet pilote visant à former un groupe de travailleurs qui devaient à leur tour s'occuper de la formation d'autres travailleurs dans diverses communautés de la province.

«Jusqu'alors, les associations de sécurité n'avaient que des programmes de courte durée, déclare M. MacPherson. La FTO offrait un programme beaucoup plus élaboré, avec suffisamment d'information pour représenter concrètement les droits et responsabilités des travailleurs.»

Les manuels de sécurité
seront adaptés aux
besoins particuliers des
industries.

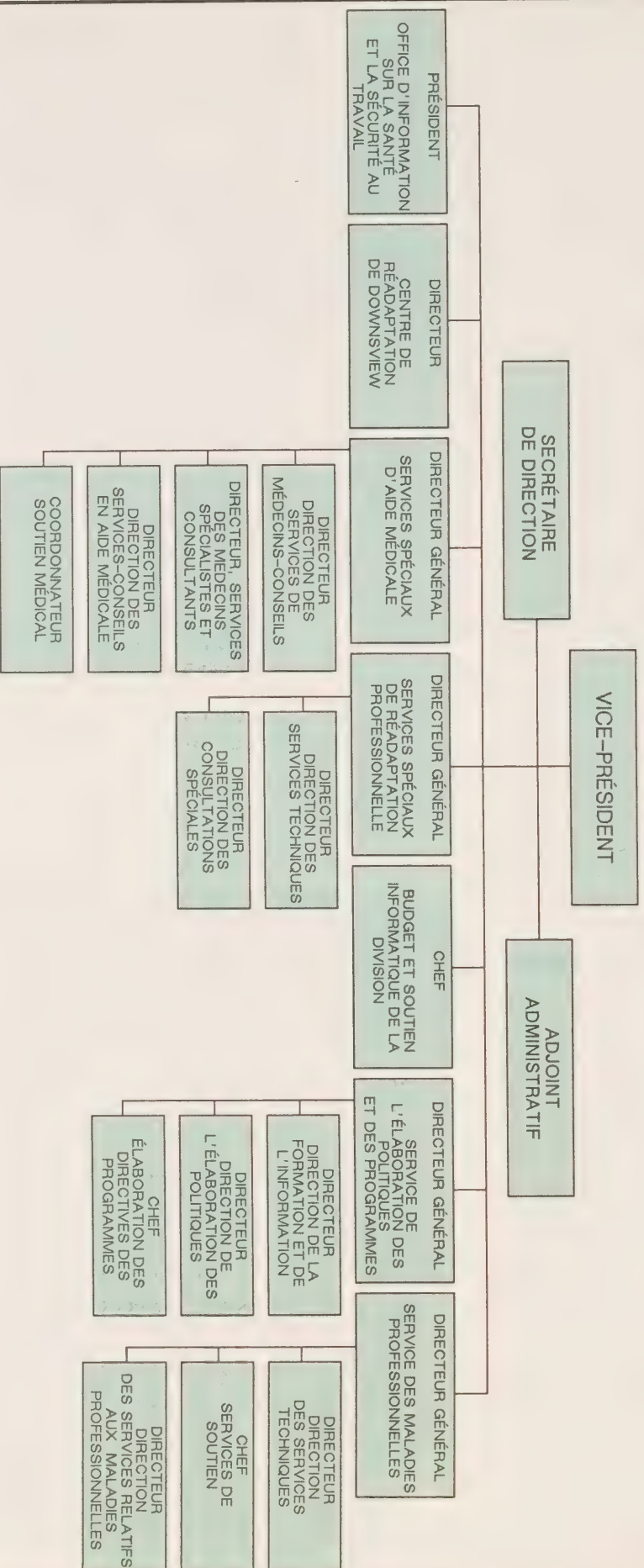
Le premier organisme ontarien régi par les travailleurs et financé par la CAT, dont le but est de promouvoir la santé et la sécurité au travail, a ouvert ses portes l'année dernière. En effet, le Centre des travailleurs de l'Ontario pour la santé et la sécurité a remplacé en mars 1986 le Centre de formation en santé et sécurité au travail de la Fédération du travail de l'Ontario (FTO) qui, depuis sept ans, offrait en nombre limité des programmes d'information et de formation en santé et sécurité aux travailleurs de l'Ontario.

Le nouveau centre a été mis sur pied pour permettre aux travailleurs de jouer un rôle dans le domaine de la formation en santé et en sécurité au travail. En tant qu'organisme de formation auprès de la Commission des accidents du travail, le Centre représente plus d'un million de travailleurs syndiqués en Ontario.

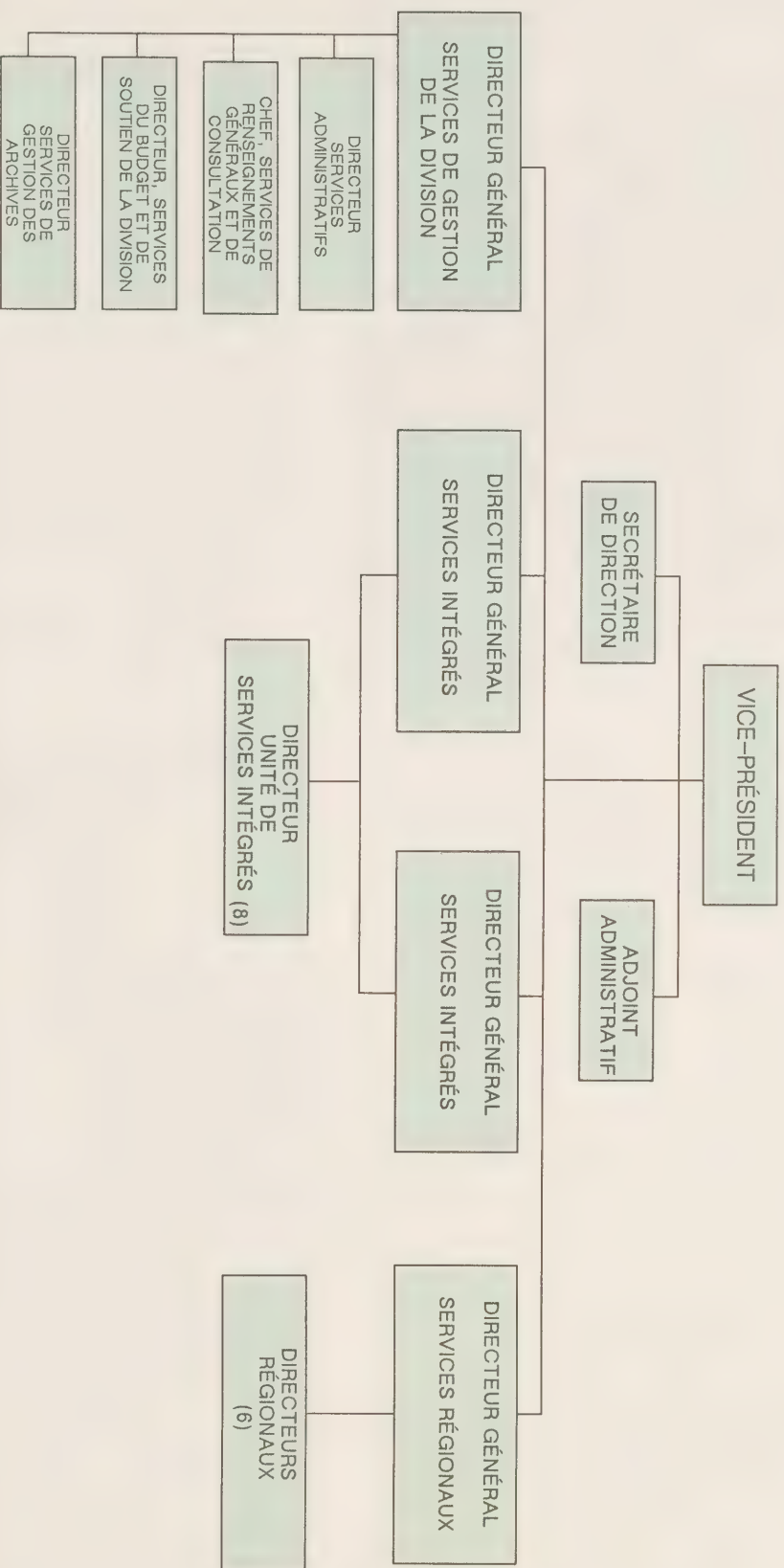
«Il est important de souligner que les employeurs et les travailleurs se doivent de minimiser les dangers au travail», déclare Mme Loretta Michaud, agent de communication au Centre. «Il ne faut



DIVISION DES SERVICES SPÉCIAUX ET DE L'ÉLABORATION DES POLITIQUES



DIVISION DES SERVICES AUX CLIENTS



**Le président du conseil,
Dr Robert Elgie, et le
président, M. Alan
Wolfson, accueillent les
membres du personnel
lors d'une séance
d'information.**



breuses possibilités dans les domaines de la consultation et du développement professionnel. Ces responsabilités seront du ressort des nouveaux services spéciaux de réadaptation professionnelle et d'aide médicale.

Un autre nouveau secteur, le Service des maladies professionnelles, a été créé pour fournir des services complets, intégrés et opportuns aux travailleurs atteints d'une maladie professionnelle. Les membres du personnel des services d'indemnisation, de réadaptation professionnelle, d'aide médicale ainsi que des services techniques sont regroupés au sein de ce service. Dr Kaegi est également chargé du Centre de réadaptation de Downsview et de l'Office d'information sur la santé et la sécurité au travail, ce qui assurera l'intégration de ces secteurs aux activités des services spéciaux.

Pour Dr Kaegi, le succès de ces nouveaux services améliorés repose avant tout sur le personnel de la Commission, «[...] des personnes qui ont de l'expérience, qui sont dévouées et qui savent aussi innover et faire preuve d'imagination. Nous avons besoin de personnes réceptives aux nouvelles idées, qui savent communiquer et qui ont le souci des autres», a-t-elle conclu.

La Division des services administratifs a été créée en vue de fournir les services de soutien nécessaires à la Division des services aux clients et à la Division des services spéciaux et de l'élaboration des politiques.

Pour rationaliser et coordonner les activités de la Division des services administratifs, c'est-à-dire pour que la Division s'adapte aux changements organisationnels et fournisse le meilleur soutien possible, la Commission a chargé le groupe de consultants Coopers & Lybrand de faire une étude des services et programmes relevant de cette division, soit les Services financiers, les Communications, les Services intégrés de gestion, les Ressources humaines, le Programme d'équité en matière d'emploi, le Fonds de placement, le Service d'actariat et de statistique et le Service juridique. Les Services de révision et la Vérification interne feront également l'objet de cette étude.

Limnense réorganisation de la Commission prendra un certain temps avant d'être achevée. On s'attend à ce que les divers secteurs soient opérationnels au début de 1988. La période de transition s'accompagne, bien entendu, de nombreux bouleversements, mais il est certain que l'enthousiasme et l'excitation ne manquent pas à la Commission.

Il ne fait aucun doute que nous avons tous à coeur de faire de la Commission un organisme qui offre aux travailleurs et aux employeurs de l'Ontario un service personnalisé et attentif à leurs besoins particuliers, tout en étant économiquement viable. ■

La Division des services spéciaux et de l'élaboration des politiques, sous la direction de Dr Elizabeth Kaegi, vice-présidente, ne fait pas l'objet à proprement parler d'une réorganisation, mais constitue la création et la mise en valeur de fonctions indispensables. L'accent est tout particulièrement mis sur l'élaboration de politiques intégrées et le développement de services spéciaux concernant la réadaptation professionnelle, l'aide médicale et les maladies professionnelles.

Traditionnellement, l'élaboration des politiques à la Commission a été fragmentée, reflétant ainsi sa structure divisionnaire distincte. De ce fait, les politiques de la Commission étaient parfois disjointes, voire même incompatibles, et n'étaient pas toujours clairement communiquées à ses groupes de clients.

Le nouveau Service d'élaboration des politiques et des programmes sera chargé d'élaborer l'ensemble des politiques opérationnelles à la Commission et de s'assurer qu'elles soient claires et cohérentes. Ce groupe aura également la responsabilité d'informer les parties concernées sur les politiques de la Commission.

Bien que l'intégration des services de réadaptation professionnelle et d'aide médicale au sein des USI et des bureaux régionaux veille à ce que ces activités soient coordonnées avec les services d'indemnisation, il y aura toujours un besoin de services spéciaux ainsi que de nom-

Les Services administratifs fourniront un soutien coordonné à l'ensemble de la Commission dans les domaines relevant des Services intégrés de gestion, des Services financiers, des Ressources humaines et des Communications. Dans le cadre des Services aux clients, les Unités de services intégrés (USI) représentent l'élément clef de la nouvelle structure. Les nouvelles unités sont l'aboutissement d'un plan innovateur visant à intégrer au siège de la Commission les services médicaux, d'indemnisation et de réadaptation professionnelle; chaque unité est située à un étage différent et sert une région géographique bien précise. L'attribution des dossiers aux USI se fera, dans la plupart des cas, en fonction de l'adresse de l'employeur.

Cette nouvelle structure éliminera le va-et-vient des dossiers d'une division à l'autre et d'un étage à l'autre, au siège de la Commission, tout en assurant une plus grande rationalisation et coordination de l'ensemble des services. Il s'agira véritablement d'une unique conglomération de services immédiatement accessibles.

La structure des USI ressemble à bien des égards à celle des bureaux régionaux ouverts par la Commission au cours des sept dernières années. Les bureaux régionaux de London et de Sudbury ont ouvert leurs portes en 1980 et, au cours des sept derniers mois, trois nouveaux bureaux ont vu le jour à Hamilton, Thunder Bay et Ottawa.



Rationalisation budgétaire

Au sein de ces bureaux, les lignes de démarcation traditionnelles entre les divisions de l'indemnisation, de la réadaptation professionnelle et d'autres secteurs de la Commission sont estompées. Depuis, les contacts avec les employeurs et les travailleurs blessés sont devenus plus personnalisés. En mai, la Commission a annoncé le projet d'ouverture d'un sixième bureau régional à Windsor, qui devrait être opérationnel au début de 1988.

En février 1987, le conseil d'administration a approuvé des recommandations visant à intégrer ses services aux clients, au siège de la Commission, sur le modèle des bureaux régionaux. Les travaux de mise en place de cette nouvelle structure progressent rapidement. Notre nouvelle orientation vers des services intégrés élimine les barrières fonctionnelles entre le personnel de l'indemnisation, de la réadaptation professionnelle et des services médicaux et permet à la Commission de s'appuyer sur une structure de gestion simplifiée tout en réalisant un meilleur rendement. La nouvelle structure organisationnelle peut ainsi être mise en place sans frais administratifs supplémentaires.

Cette rationalisation s'inscrit dans le contexte de la politique de responsabilité fiscale préconisée par la Commission. En dépit de la réorganisation très importante de cette année, la Commission a pris des «mesures d'austérité» pour son budget de 1987, a indiqué M. Wolfson. Il a tout particulièrement souligné ce point à l'ensemble du personnel de la Commission, lors d'une série de réunions en février. «La Commission a gelé ses frais administratifs, en termes réels, pour l'exercice financier de 1987», a déclaré M. Wolfson.

Le vice-président des Services aux clients, M. Bob Reilly, est convaincu que la nouvelle orientation vers des services intégrés se traduira par de meilleurs services sans frais supplémentaires à long terme. Cependant, on a prévu un investissement initial de 4,1 millions de dollars pour réaménager les locaux actuels et améliorer les procédures informatiques et opérationnelles pour la mise en place de ces unités intégrées au siège de la Commission. Toutefois, cette intégration des services n'entraînera pas une augmentation du personnel. Avec l'ouverture d'un cinquième bureau régional à Ottawa en mai dernier, 60 % seulement des dossiers sont traités par les services du siège à Toronto.

«La nouvelle structure permettra d'offrir un service plus personnalisé sans frais supplémentaires courants», confirme M. Reilly. Avec les mêmes fonds, nous fournirons un service plus efficace.»

Des cadres supérieurs participent à une réunion sur la réorganisation.

Réorganisation

DE LA
CAT
EN VUE

D'AMÉLIORER LES SERVICES À LA CLIENTÈLE

L'année 1986 a été une année importante et passionnante pour la Commission des acci-

En effet, après des mois de travail assidu par les membres du personnel de la Commission, la réorganisation des services touche à sa fin. Une réorganisation d'une telle envergure, accomplie avec tant de diligence, est sans précédent pour la CAT et n'a peut-être pas son pareil dans les secteurs public et privé. Plus de 200 postes de direction ont été comblés par le biais de concours internes et des centaines d'employés vont occuper de nouveaux postes dans l'ensemble de l'organisation.

Depuis que Dr Robert Elgie, président du conseil de la CAT, a annoncé la réorganisation de la Commission en mars 1986, l'objectif principal s'est précisé : améliorer les services offerts aux travailleurs et aux employeurs de l'Ontario, le défi étant d'atteindre ce but dans les délais fixés et de manière économique.

C'est donc dans cette optique que la Commission a d'abord entrepris un examen exhaustif de sa structure et de ses modes d'opération, ainsi que de ceux d'autres organismes similaires. Après une étude de plus d'un an, il a été finalement décidé que le meilleur plan était de rationaliser la structure divisionnaire fragmentée en créant trois secteurs principaux, tout en intégrant les services offerts auparavant par ces divisions distinctes.

Il va de soi que la réorganisation d'un organisme de service établi depuis longtemps, qui compte 4 000 employés et verse plus d'un milliard de dollars en indemnités chaque année, ne se fait pas du jour au lendemain. Malgré cela, les changements ont été rapides et la participation du personnel a été considérable : des centaines d'employés ont pris part à des groupes de travail, des projets d'équipe et des comités de mise en oeuvre. De plus, la Commission a travaillé en étroite collaboration avec le Syndicat canadien de la Fonction publique pendant toute la période de transition pour minimiser l'impact des changements sur le personnel.

Au fur et à mesure de la réorganisation, le président de la Commission, M. Alan Wolfson, a continuuellement informé les employés par écrit des nouveaux développements, tout en leur assurant qu'ils auraient toujours un rôle important à jouer dans la nouvelle organisation bien tant à l'heure qu'il se puisse que certains postes changent. Il leur a également assuré que personne ne perdrait son emploi en raison de la réorganisation et que les salaires étaient protégés. M. Wolfson a également souligné les nombreuses possibilités d'avancement pour les membres du personnel de la Commission.

De nouveaux dirigeants

La haute direction a également fait l'objet de changements; en effet, dans l'espace d'un an, un nouveau président du conseil, Dr Robert Elgie, a été nommé, un nouveau président et vice-président de l'administration, M. Alan Wolfson, s'est joint à la Commission et des vice-présidents ont été chargés de diriger les trois nouvelles divisions. La Division des services aux clients relève de M. Bob Reilly, la Division des services spéciaux et de l'élaboration des politiques a été confiée au Dr Elizabeth Kaegi et la Division des services administratifs est dirigée par M. Sam Van Cleave.

Les forces dynamiques de cette nouvelle organisation visent à intégrer les fonctions d'indemnisation, d'aide médicale et de réadaptation professionnelle, à élargir les capacités de la Commission d'élaborer des politiques et à accroître l'efficacité de ses services administratifs. Les Services aux clients regroupent à présent les responsabilités qui incombait auparavant à la Division des services d'indemnisation, de nombreuses responsabilités de la Division des services médicaux et de la Division de la réadaptation professionnelle, ainsi que les cinq bureaux régionaux de la Commission. Les Services spéciaux et l'Elaboration des politiques veilleront à ce que les politiques relatives à l'indemnisation, à la réadaptation professionnelle et à l'aide médicale soient coordonnées. Le mandat de cette division consiste également à s'assurer qu'une vaste gamme de services spéciaux soient offerts par l'entremise des Services spéciaux de réadaptation professionnelle, du Service des maladies professionnelles et des Services spéciaux d'aide médicale ainsi que du Centre de réadaptation de Downsview et de l'Office d'information sur la santé et la sécurité au travail.

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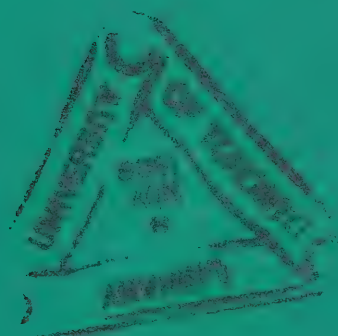
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RAPPEL : DROITS DES PERSONNES HANDICAPÉES

Le Code des droits de la personne de l'Ontario interdit la discrimination en matière d'emploi à l'égard des personnes handicapées. La définition du terme «infirmité» inclut «une lésion ou une incapacité pour laquelle des prestations sont demandées ou reçues en vertu de la Loi sur les accidents du travail». Code des droits de la personne de l'Ontario, article 9 b)(v).

Pour de plus amples renseignements à ce sujet, veuillez contacter l'office régional de la Commission ontarienne des droits de la personne le plus près de chez vous.





**Workers'
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**Commission
des accidents
du travail**

Rapport

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La réorganisation de la CAT est

en bonne voie
La rationalisation sans précédent de la structure de la Commission aura pour effet d'accroître l'efficacité des services administratifs et d'améliorer les services à la clientèle.

Centre de services de santé contrôle par les travailleurs

Le premier organisme de la Commission contrôle par les travailleurs pour la santé et la sécurité au travail met l'accent sur l'éducation comme méthode de prévention des accidents au travail.

Un ancien mineur parmi les agents

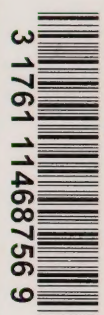
d'indemnisation de la CAT
Grâce aux divers programmes d'aide aux travailleurs blessés qu'offre la Commission, Richard Zillman de Thunder Bay a pu embrasser une nouvelle carrière.

En bref

Un nouveau représentant syndical se joint au conseil d'administration de la CAT; la Commission ouvre un bureau régional à Ottawa; un projet pilote permet à des travailleurs de suivre le plus tôt possible après leur accident un traitement de réadaptation dans leur communauté respective

Les conseils communautaires font des recommandations sur le financement des emplois

Des employés de la CAT participent bénévolement avec d'autres représentants communautaires à des conseils fédéraux; ils font des recommandations au gouvernement sur des projets de création d'emplois.



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